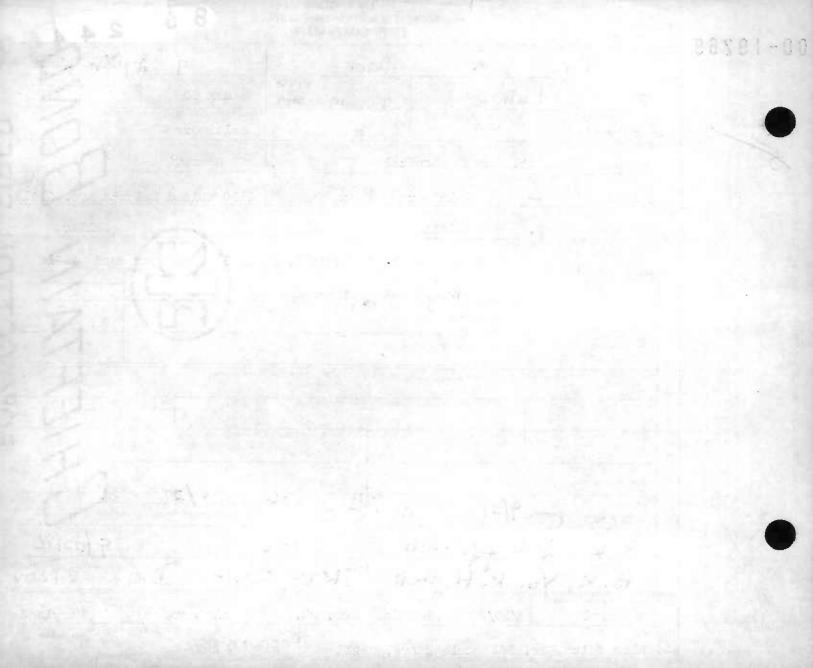
STATE OF MARYLAND



FOR			STATE OF MARYLAND OF HEALTH AND MENTAL	HYGIENES 6	24461
3 0 3 STATE REGISTRAR			AINER'S CERTIFICATE	KEO. I	
I. DECEASED NAM (TYPE OR PRINT) MALE To BIRTHPLACE (FOREIGN COUNTRY)	EUGENE	Vaughn	ALLEN	20. DATE KNOWN OF ESTI- DEATH MATED	Solt 251986 50 M
MALE	HINOM	3, 1922 64	(IN YEARS IF UNDER 1 YR. IF UNDER I YR. HOURS YRS.	R 24 HRS. 20. DAT MIN. PRONOUNCED DEAR 201	tember 25 186 6 %
Onnectic		USA	MARRIED XXNEVER MAR	RCED BALT IMOR	OR COUNTY OF DEATH LE COUNTY MD.
TOWSON	GB	C-6701 N. CHA		FOR MOST OF WORKING LIFE) Executive V.P	OR INDUSTRY
USUAL RESIDENCE 130. STATE Maryland	(IF IN NURSING HOME OR OTHER INS 13b. COUNTY Baltimor	e Timoniu	WN 13d INSIDE CITY LIMITS?	I3e STREET ADDRESS 2121 Pot Spri	
14. FATHER'S NAM FIRST Franci	MIDDLE	e Allen	15 MOTHER'S MAI Josephi	ne	Berry
160 WAS DECEAS (YES, NO, OR UNKN Yes	OWN) (IF YES, GIVE WAR OR DATE WWW 2			Addres . Allen, 2121 Po	Timonium 21093 t Spring Rd.
Canditing gove couse (couse (c	ons, if any, which rise to immediate of stating the under-	UE TO, OR AS A CONSEQUE (b) CONSEQUE (c) CONSEQUE	72	PARI I (a).	2± yes
WE STEEN TO THE CONTRIBUTION TO THE CONTRIBUTI	F OPERATION I	96. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
21g. EXTERN UNDERLYIN CONTRIBUT			YEAR 9	RED (ENTER NATURE OF INJURY IN ITEM)	YES NO W
WALLE	OCCURRED 2 NOT WHILE AT WORK	Te PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	ME. 218 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ACTUAL SIGNATURE	Ited fram: Natural causes	TOrona	Homicide Homicide	Undetermined manner	DATE 9/2/86
The second second	S NAME CHARLES	O'DONNELL, M.D	ADDRESS	[23d, LOCATION	
(SPECIFY)	emation 9/27/	1	ew Mem. Park Cem	. Catonsville, B	altimore Co., MD.
24 FUNERAL DIRE	Markey	Padonia Road	SE 25a. DAT	P 29 1986	GISTRAR'S SIGNATURE

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				SIA	E UP MARTLAND			
987	1	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH		2 4	1 4 6 3
	1. DE	CEASED NAME FIRST	MIDDLE		LAST	REG. NO		EAR 26 HOUR
deoge 3	(TYP	TRA IRA	N. ARI	MOLD		9-11-	86	1952 P
_ e	3. SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		
ors or		MALE	WHITE	06		83	YRS	DAYS HOURS MIN.
2 ho		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	DUNTRY? 8.	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	тн
E B	17 I	PENNSYLVANIA	U.S.A.	WIDOW		BALTIMOR	RE COUNTY	MD.
3	Jin. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPATI		IND OF BUSINESS OR
Per S	100	ANDALLSTOWN	BALTIMORE C	OUNTY GEN	ERAL HOSPITAL	MACHINES T		FFICE
A P	130.	AL RESIDENCE I IF NURSING HOME O STATE 136 COU MARYLAND CA	NTY 13c. CITY	ence before admission) OR TOWN ESVILLE	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		21704
2 selv	_	ATHER'S NAME	MODD DIN	ES A TITE	15 MOTHER'S MAIDEN NA	7200 THIRI	AVENUE	21784
P E	1/	PENTAMENT	MIDDLE	LAST MOT D	FIRST	MIDDLE		LAST
	160.3	BENJAMIN WAS DECEASED EVER IN U.S. AI		MOLD IAL SECURITY NO.	SARAH 17 INFORMANT	ADDRE	SS	BELTZ
edio 7		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)					
~	\vdash	NO ·		05 1256	KATHRYN M. A	ARMOLD SYKE		D 21784
C)		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (1.	1000001	BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
100	1		TE CAUSE (o)	rall 6 p	umanary (MACSE		
~			DUE TO, OR AS A CO	PHSEQUENCE OF	a Ann	0 6 0H	e	
orio orio troug	L	Conditions, if any, which gove rise to immediate	(16) (le ((2) Hrow 1	9 5011	7	
2111		couse (o), stoting the	DUE TO, OR AS A CO	ONSEQUENCE OF				
0 10		underlying couse lost.	(c)	CLL				
to ber	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART Ito:
1917	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE F	INDINGS LISED
11/1/	Į ≝						IN CERTIFYING CA	AUSES OF DEATH?
	1 %	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	YES NOX	YES _	NO 🗍
19 6	CAL O	OR CONTRIBUTING CAUSE OF DE		1.4	1	(Eliteritations of histori	THE PROPERTY OF THE	18. 27
Mary /	200	(IF EITHER NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	21e PLACE OF INJUR	19 'Y	211 LOCATION			
17 7	MEDI	WHILE NOT WHILE	(AT HOME, STREET, FACTOR		STREET	CITY OR TO	WN COUN	NTY STATE
10 10		AT WORK AT WORK	teath are adapt at a 1	611	3111 01	(9/11)	1 04	1
i i		22a. I certify that (V (this hasp sow the deceased alive or	04 1 11	0/11	nd that in (mu) (our) anining	10	19-50	, that (I) (we) lost
0 Ps	1.00	obove, (I) (we) (did) (did or		th.	nd that in (my) (our) opinion	acom occorred on the do		
D D		M. SIGNATURE	1 work		DEGREE ATTENDING	MEDICAL STAF		DATE SIGNED
2 ×	1	AND DUNCHES AND		- Y	PHYSICIAN [DIRECTOR PHYSIC		
PORTA		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		"Battimore	2 Country G	feneral i	Hospital
1413	23a B	BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
		BURIAL	09-16-86		ID MEM. PARK	BALTIMO	RE BALT	MORE MD
16 60M 7/B4	24 FI	JNERAL DIRECTOR			250 DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIC	GNATURE
A 15, 4)		HAIGHT FUNERAL	HOME SYKE	SVILLE, M		P 1 5 1986 5	his Davidson	Madama
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				SIAII	OF MARTLAND	25 6	60	-3	2
	1-	FOR STATE	DEP		EALTH AND MENTAL HYGI	ENE 5 6	6	4 4	0 4
-19702		REGISTRAR		CEKITE	ICATE OF DEATH	REG. NO	0		į
10103		CEASED NAME FIRST	ah May	0.	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2h	HOUR
A 800	3. SE	bue	A RACE	DATE C	FRIETH	6 AGE (IN YEARS LAST BIRT	HDAY) IE U	NDER I YEAR IF	F UNDER 24 HRS
1 049	,	Female	Whi	te MONTH	4 1895	91	YRS	HS DAYS H	OURS MIN.
A 100 86			TO CITIZEN OF WHAT COUN	TRY? 8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF		
	I P	aryland OF DEATH	11. NAME OF HOSPITAL, NI	WIDOWE	DIVORCED	DFL I	IMORE	COUL 26 KIND OF B	
20	1	AH MORE	(IF NOT IN SUCH FACILITY, GIVE	street ADDRESS)	Jospital	(TYPE OF WORK FOR MOST O	F WORKING LIFE) . I	Homema	
25	13a. 5	AL RESIDENCE (IF NURSING HOME OR O			13d. INSIDE CITY LIMITS?	STREET ADDRESS	ZIP CODE	Rd.	71204
	11/1	THERS NAME	AIDDLE TO LAS	ī	15. MOTHER'S MAIDEN NAM	ALIDDIC	4	LAST	
- 02	1	George Clarence				y Whitmore	CC 70 71		
De execute of control	The V	VAS DECEASED EVER IN U.S. ARA	WAR OR DATES	SECURITY NO.	17. INFORMANT Alan Stocksda	ale 6721	Balt Harford	imore Road	21234
fronts if		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY: Pass.	b), and (c).)				APPROXIMA BETWEEN ONS	TE INTERVAL
N ST		IMMEDIATE	DUE TO, OR AS A CONS	COLIENCE OF					
deoth offen ove contion.		Conditions, if any, which	(b) Deme						
W. PR		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF					
S, 201 seen the pred b m plea bured, my, or o	7	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN	IN PART 10	
0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CERTIFICATION	90 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDING:	SUSED
N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TIFIC	pove				YES NO	IN CERTIFYIN	G CAUSES OF	F DEATH?
DIVISION OF VITAL RECORDS NG PHYSICIAN. The law requirement of the management of the management of the management of the management. Then the management produced on the management of the mana	11.5512	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1	ORPART 2)	
NOISI Wending the bear of the	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED WHILE NOT WHILE	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
DING OF ST		220.1 certify that (I) (this hospite	al) attended the deceased f	rom G	11 10 86	10 9 11	10	86 the	ot (I) (we) lost
TTEN Pinel Pinel Portu		now the deceased alive an above, (1) (we) (did) (did not	9/15	cr 6	d that in (my) (our) opinion d	eoth occurred on the de	ate and hour an		
OR POR		22b. SIGNATURE	4	10	DEGREE	MEDICAL _ STAF	E	224. DATE SIG	SNED
State State		72d. PHYSICIAN'S NAME (TYPE OR	tronby	MN	ATTENDING PHYSICIAN 222 ADDRESS	DIRECTOR PHYSIC	IAN 🗌	116	186
O HOSPI TO FUNE Thould be WIPORTA		Anna	stronsere		7600 OSL	er en	Touse	- mus	
BP BP	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 09/18/1986		emetery or crematory l Memorial Par	23d LOCATION CITY OF TOWN Raltimo	re, Mar	ounty evland	STATE
DHMH - 16 60M 7/84	24. FU	JNERAL DIRECTOR			25a. DATE	REC'D. BY REGISTRAR	25h. REGISTRAR	SSIGNATUR	Edotte
(VRA 15, 4)	Bu	rgee-Henss Fune	ral Home, Ba	Itimore,	Md.21211 S	EP-22 1986	roger history	4000-360	

1-10174	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 6	2 4 4 5
noy be		CEASED NAME FIRST HILA	RY E	BACON		AONTH DAY YEAR 2b. HOUR 7:00
e 4 may ctor, pag s after de	3 SE	× MALE	4. RACE White	5. DATE OF BIRTH Feb. 8, 1901	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS A
orth. Pag	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR BALT TMORE	COUNTY OF DEATH
10		TOWS ON		NG HOME OR OTHER INSTITUTION	12g USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Executive	WORKING LIFE) INDUSTRY
	130	MD DECOL	ON OTHER INSTITUTION, GIVE RESIDENCE BEFOR 1136. CITY OR TOV Balto	VN 13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 5506 Kemp	Engineerin
ad and	1		E. Baco		MIDDLE	Fellows
Pr essection of Control	160.	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166. SOCIAL SECTION OF THE PROPERTY OF THE PROPER		addres on B. Dunag	
rtificat I physican Inpapi Imava		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per line for (a), (b), of PNEUMO ATE CAUSE (b)	N LA		APPROXIMATE INTERVAL BETWEEN ONSET AND DE
NG PHYSICIAN. The law requires that the death certificate entending physician. Are this certificate has been signed by the attending physician and as the buriol-transit permit. Then please remove corbon poptit, and the and Mental Hygiene prior to buriol, cremation, or removol arked or them 18 shows any injury, ar ather traumatic event, the median		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF	A	18 YRS.
n. n. cauires 1 n. n. cas been signed permit. Then ple ne prior ta burio ws any injury, a	CERTIFICATION	PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TEN	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
YSICIAN: Thing physicia physicia continuo physicia continuo physicia princial transit wental Hygie	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR A.M. MONTH D	211. LOCATION	YES NOX	YES NO
NDING PH of an offent R. After this e os the t	WEI	while NOT WHILE AT WORK 22a.1 certify that (1) this has	(AT HOME STREET, FACTORY, OFFICE,	STREET STREET 9/23 , 19 86	, 10	, 19_86 , that (h (Ce)
by the haspitotera of the parties of the haspitotera of the parties of the partie	4	sow the decess the live of obove. (I) we did (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	C 2-1	DEGREE ATTENDING		22c. DATE SIGNED 9/23/86
To Hos	230	S.TKAT, M.D.	AL 23b DATE 23c.	GBMC-6701 NAME OF CEMETERY OR CREMATORY	N. CHARLES ST	
BP		Cremation	9/24/86	Preen Mount	Balto.,	COUNTY MD STATE
DHMH - 16 60M 7/84			y W. Jenkins	Sons Co. 250. D	SFP 2 5 1986	Sb. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR 1 - STATE REGISTRAR REG. NO MIDDLE DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Michael Bailev A. 8/ 26/19 86 3 SEX 4 RACE DATE OF BIRTH AGE LIN YEARS IF UNDER TYR IF UNDER 24 HRS DATE MONTH YEAR TAST BIRTHDAY PRONOUNCED 4 MALE 20 19 DEAD Cauc. 26/19 86 B BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED US A DIVORCED Baltimore County, Kansas CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Camenter Arcadia 16000 Hanover Pike Carpenter G HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21048 COUNTY IN STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? The STREET ADDRESS Clydesdale Rd. Finksburg 2421 NO I MD Carroll FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Bailev William McGraw Katherine ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 219-98-6850 William Bailey 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIME 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Y NO T B. EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 2Tc. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 10: 200M 8/ 26/1986 driver of motorcycle/truck collision 21e PLACE OF INJURY (AT HOME IT LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN roadway 16000 Hanover Pike. Balto County, Md Autopsy X DIRECTOR: 22a. I certify that I taak charge of the remains described above, held an Inquiry Inspection and in my apinian Accident X Undetermined manner death resulted fram: Natural causes Suicide Hamicide L TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL D AFTER DEATH, Assistant MEDICAL EXAMINER 8/27/86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION 23r. NAME OF CEMETERY OR CREMATORY STATE Sandymount Cemetery Buria 1 Finksburg Carroll 07/84 25A4 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH - 17 Sr. Westminster, MDAFP (VR A15 ME (5)) Robert K. Pritts.

0700

	FOR	DED A DE	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	THE THE PARTY OF T) A 4 4 1
0-17861	- STATE REGISTRAR	DEFARI	CERTIFICATE OF DEATH	REG. NO.	0 /
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	AY YEAR 2b. HOUR
oth		NOR M.	BALLARD	9 1	4 95 2:05p M
(O 0 0 0	3. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	Female	White	18°5 18°95	91 YRS.	NATE OF THE PARTY
a 60 20 30	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
de de de	Maryland	U.S.A.	WIDOWED DIVORCED	RALTIMORE COUNT	1115
is ofter	10. CITY OR TOWN OF DEATH	6701 N. CHARI	ES STRFET	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Trust Officer	126 KIND OF BUSINESS OR INDUSTRY Banking
BALTIMORE, MARYLAND 2120 Gate be executed within 24 hours systion and completely files in a ppers. Pages and 2 shauethin vol. 1, the medical exagination	USUAL RESIDENCE (IF NURSING HOME 130. STATE Maryland	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR JNTY 136. CITY OR TOV Baltim	VN 1136. INSIDE CITY LIMITS?	130-STREET ADDRESS / ZIP CODE 1422 Bolton St.	21217
Tely f	14. FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
E, MAR	James N	cFee Dorsey	Marie	MIDDLE	Kemp
MORE, and co and co ages	16a. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS8356	Liberty Rd.
r, BALTIMOR	No (IF 4ES, I	SIVE WAR ON DATES!	Francis T.	Peach Balte	o. Md. 21207
ECORDS, 201 W. PRESTON ST., BALl aw requires that the death certificate been signed by the attending physici mit. Then please remave carbanpapes prior to burial, cremation, or remaval, any injury, or other traumatic event, the	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b. PROBABLE M.) DUE TO, OR AS A CONSEQUE (c) PROBABLE CONDITIONS CONTRIBUTING TO	YOCARDIAL INFARCTION	TF RMT NATION NATION NINAL DISEASE OR CONDITION GIVE	EN IN PART 110
has by permene premere	OH THE OTHER THE	THE CONDITION TOR WITHER	OFERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law require offending physician. Wher this certificate has been sign as the burial-transit permit. Then th and Mental Hygiene prior to b arked or them 18 shaws any injury	OR CONTRIBUTING TO CAUSE OF C	ER) P.M.	PAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
DIVISION C DING PHYSIC or attending After this cer e as the burion allth and Mer	CLE EITHER, NOTHEY MEDICAL EXAMIN I THE EITHER, NOTHER I THE EITHER AT WORK AT	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDI ital or IOR: A or use or use or use or use or use or use	22a certify that (1) (this has sow the deceased alive a above (1) we) (bid) (bid)	pital) attended the deceased from.	9/14 19 80 , and that in (my) (our) opinion	death accurred on the date and hour	9, thou (we) last and from the couses stated
THE OR ATT THE HOSPING THE CONTROL OF T	226 SIGNATURE DA. family 22d PHYSICIANIS NAME (TYP)	1. Stock		MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
O HOSPITAL TO RUNERAL Hould be der MPORTANT	JACOR GLOCK	M.D.		HARI ES STRFET	
BP	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	9-17-86	NAME OF CEMETERY OR CREMATORY _oudon Park	Baltimore	COUNTY MG TATE
DHMH - 16 60M 7/84 (VRA 15, 4)	Henry W. Jenk	ins & Sons ADDRESS Balt	1905 York Rd. 250 DAI Md. 21212 SE	P 1 5 1986	A SSIGNETHALE

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0-17985	1.	FOR STATE			DEPA	RTMENT OF H		MENTAL HYG	IENE 8	6	2	4	4 6 8	
0.11303		REGISTRAR				I to the	ICATE OF D	PEAIN		REG. NO.		LIM	W. 14 9	
. 64		CEASED NAME	JAM		MIDDLE	BARNE			20 DATE OF DI	EATH MO	AG HTMC	_	2b. HOUR	
moy be r. poge 3			ache	_		80	irne	2	Sept.	1	1 /1	86	1155 AM	
T. po	3. SE	Х		4 RACE			5. DATE OF BIRTH MONTH DAY YEAR			S LAST BIRTHD		UNDER 1 YEAR		
ge 4 ector rrs of		Male		Negro			Dec. 31 1894				YRS	DA13	MOOKS MIN.	
Po de de		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	D NEVERA	AADDIED X7	9 BALTIMORE	CITY OR	COUNTY	NTY OF DEATH		
nero na 72		/irginia		USA		WIDOWE	D Dr	VORCED	Bal	timo	re Cou	inty	MD.	
with with		ITY OR TOWN OF DEA	ТН		HOSPITAL, NUI		R OTHER INST	TITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINE					
of the led the	Ct	atonsville		Forest Haven Nursing Home					Unkno	WD	VORKING LIFE)	Unkr	nown	
212	USU		NG HOME OR	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)					76					
ND 24 24 ND		ryland	Balt:	imore	13c. CITY OR T	OWN	YES NO X			DRESS / Z		renne	21228	
YLA thin thin thin	14. Fz	ATHER'S NAME			1			S MAIDEN NA		BECD.	Luc II	Cliuc	22220	
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Co co		VAS DECEASED EVER			166 SOCIALS	ECURITY NO.	17 INFORMA			ADDRESS	5			
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Hartol 9-17-48 Services Percus Vets Gerrison, Jelio, Ct., Mr.

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STATE OF MARYLAND

		FOR		DEPART		E OF MARYLAND EALTH AND MENTAL HYG	IENE 🔯	6	5 /i	-32
0-19801	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	RI	G. NO.	ha my	3/6
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEA		DAY YEAR	2b. HOUR
least the	(1111)	MAR	GARET			BAST	Septemb	er 29,	1986	15 8 M
2 34 0	2. SE	(4 RACE		5. DATE C		6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAY	
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4 90 96		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE C			
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201 by the filled with) (Catonsville	Summic	t Nursing	Home	OR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR Housewick	MOST OF WORKING	LIFE) INDUSTR	OF BUSINESS OR
AND 21	13a. S		ae or other institution OUNTY Utimore	130 CITY OR TOW Catonsu		13d. INSIDE CITY LIMITS?	13e STREET ADDE	RESS / ZIP CO	Road	21228
H I I I I I	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		DLE		IAST.
AM B SOUTH		Carl		letzger		Elizabe			(1	inknown)
OR spec		VAS DECEASED EVER IN U.S res, no or unknown) (IF YE	. ARMED FORCES? S, GIVE WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT		DDRESS	4	1 2
BALTIMOR one be executed by section and open. Poges		no		214-38-		Audrey B. Ko	ressar	Same	as # 1	DRIMATE INTERVAL IN CHINEY AND DEATH
. X X 0 0 1		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME	USED BY: DIATE CAUSE (o)	OR AS A CONSEQUE	dis	polining Com	pure	51	MINNE	H ONSET AND DEATH
W. PRESTON ST. In death and y to attending p or to a second or to a terminal flow or terminal the transmostic even		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O	DR AS A CONSEQUE	NCE OF	Ven Hi	[,			
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NG PHYSICIAN: The low requirent of the following physician. If the this certificate has been signs the burfoltronsit permit. The thood Mental Hygiene prior to the ond Mental Hygiene prior to the ord American Shows any injury orked or Item 18 shows any injury or the content of the content	CERTIFICATION	19a DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CER	YES, WERE FIND TIFYING CAUSI YES	DINGS USED ES OF DEATH? NO
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VISION G PHYSis cer this ce the burit ond Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION STREET	cm	grown	COUNTY	STATE
TENDIN ital or of OR: Aff		220.1 certify that (1) (this h sow the deceased alive above, (1) (we) (did) (di			36/	that in (my) (our) opinion	deoth occurred o	the date and h	our and from the	, that (I) (we) lost
OR AT OR AT DIRECT oched fr Dept. o		above, (I) (we) (did) (di 774 SIGNATURE	d nat) view the body	gfter death.		DEGREE	MEDICAL	STAFF	-	TE SIGNED
TO HOSPITAL (retained by the TO FUNERAL I should be detained by the Should be detained in the Store I MPORTANT: If		DE PHYSICIANS NAME I	PPE CHEPHOLIS	Au	41	PHYSICIAN [DIRECTOR P	HYSICIAN [1	130/86
A Pouls		Marcelino/				5772 Westu			nore, i	MD. 21228
BP	E	SPECIFY ALL	10/2/	186 Lo	oudon	emetery or crematory Park Cemetery		more	COUNTY	Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	eroy M. & Rus 630 Edmondsor	sell C. W	Vitzke Fur Catonsvill	reral Le. MI	HOMOX P.A.	1 1986	TRAR 256 REGI	STRAR'S CICN	ALLE !

STATE OF MARYLAND

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Softe Softe	10. (1	Randalls		Baltim	ore Cou	street address)	eral Hospita		vork for most of v			
24 hours	13a S	AL RESIDENCE (IF NO!		OTHER INSTITUTION OTY CMOTE	136 CITY OR Caton	BEFORE ADMISSION) TOWN VILLE	138. INSIDE CITY LIMITS	? 13e STREE	ET ADDRESS / : Hillsid	zip code e Road	212	228
The Asia of the state of the st	14. FA	THER'S NAME	1010	WIDDLE	LAS	T	15. MOTHER'S MAIDEN	NAME	MIDDLE		LAST	
* 16 10		John		MIDDLE		t Cramer	Saro	ch	WIDDLE			mer Haugh
RE.		AS DECEASED EVE				SECURITY NO.	17 INFORMANT		ADDRES	S		
OM × PO P	No	(ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	236-1	20-1100	Donald Bed	ivers	Same	as #	13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The law requires that the death certificate be executed within 24 hours tenting physician. When this certificate has been signed by the lattering physician and completely filled in by as the burial-transit permit. Then please remove carbonough. Page 1 drad 3 shadid be fifth and Mental Bygiene prior to burial, crematic and the lattering shows any injury, or other treatments.		PART I. DEATH		E CAUSE (o)	39	217					APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
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that the day the easterement of crement		gave rise to in cause (a), stat underlying caus	nmediate ing the	DUE TO, (SEQUENCE OF						
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he low r on. has bee t permit.	CERTIFICATION	19a DATE OF OPER.	ATION -	196 CONE	OITION FOR W	HICH OPERATIO	N WAS PERFORMED	YES [UTOPSY?	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES	GS USED OF DEATH?
SICIAN: T gg physici certificate rial-transi ental Hygi		OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DE	TH HOUR A	OF INJURY A.M. MONTH P.M.	H DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTE	R NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
UG PHYS offer this offer the but h and M.	MEDICAL	21d. INJURY OCCU	WHILE [OF INJURY TREET, FACTORY, C	FFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	И	COUNTY	STATE
ATTENDIP Spital or CTOR: A for use of af Health		220.1 certify that (sow the decea abave, (1) (we)	sed alive on	9-	17	di	nd that in (my) (aur) opin	ion death accu	g ~ / 7	e and haur a	W 8	hat (I) (we) last causes stated
TAL OR Ay the har AAL DIRE. Adetached detached hate Dept. If Herr		276. SIGNATURE	fat	¥. (Sirge		DEGREE ATTENDING PHYSICIAN	DIRECT	OR PHYSICIA	AN D	22c. DATE S	7-86
O HOSPITAL LO HOSPITAL TO FUNERAL should be detormed the Store I with the Store I MAPORTANT. II		Ricafa	+ 4	· Gir	aji's		Baltim	ere- (elstown,	MV.	osj;	tal
BP	E	SPECIFY CREMATION		9/20/		Cedar t	emetery or cremator fill Cemeter	y Bri	ooklyn 1			aryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FL 1	eray infice 630 Edmon	Russe dson A	venue.	vitzke Catonsv	Funeral ille, MI	Homes P.A ²⁵⁰ . 21228	SEP1	Y REGISTRAR L	b REGISTRA	R'S-SIGNATU	IRE

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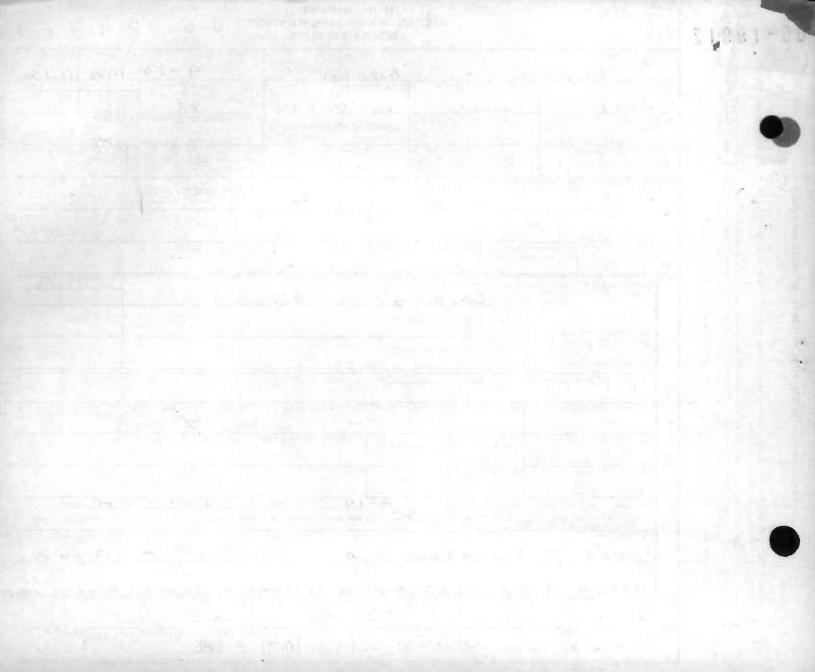


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0 -	17738		- STATE REGISTRAR				CERTIF	ICATE OF DE	ATH	REG. NO	Sim		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	filled in suid be	7 13	UAL RESIDENCE (IF NURSI STATE Laryland	136 COUNT	THER INSTITUTION.	130. CITY OR TOW Baltimor	'N	13d INSIDE CITY	LIMITS?	6512 Balti	ZIP CODE More A	venue/	21222
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ORE.	U T	2 1	WAS DECEASED EVER		ED FORCES?	16b SOCIAL SECU		17 INFORMANT		ADDRE		_ =	01000
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344	- N - N -	23	BURIAL, CREMATION, I	REMOVAL				EMETERY OR CRE		23d LOCATION CITY OR TOWN		COUNTY	STATE
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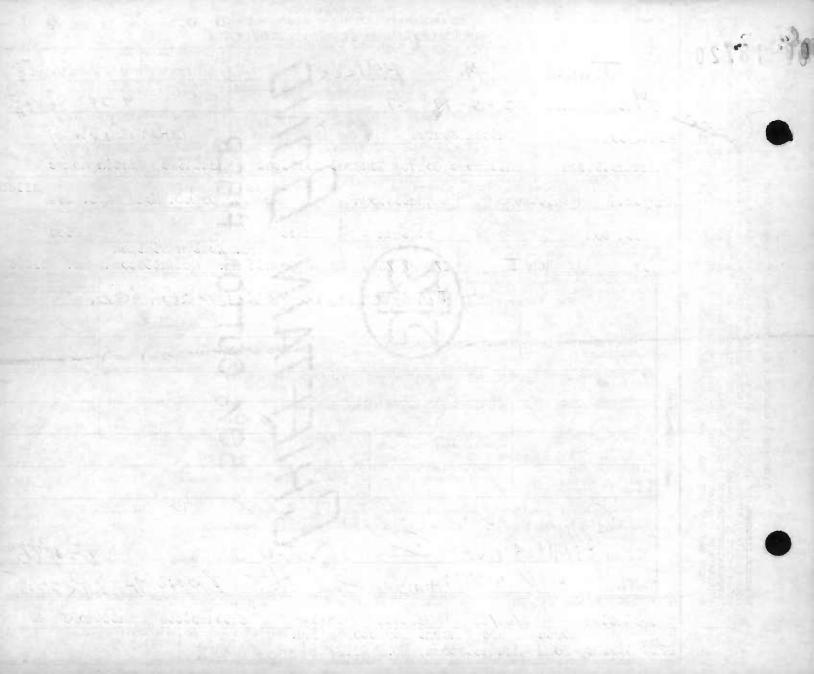
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	1			STAT	E OF MARYLAND			
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ay be oge 3 dea†h	1,	Benjam	· ^ ~	Bei	man	9-2	9-1986 11	1 1 50M
and, po	3. S		RACE	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UN	DER 24 HRS
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D D D D D D D D D D D D D D D D D D D		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUS	
5 D	-	ANDALLSTOWN	"BALTIMORE"		EN. HOSP.	CHAUFFEUR	INDUSTRY CAB	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hous retreated physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carban papers. Pages Lead 2-shortd be tile this and Mental Hyguene prior to burial, cremation, or removal and mental Bytowardy injury, or other traumatic event, the medical administratory or other traumatic event, the medical administratory.		JAL RESIDENCE (IF NURSIN		PETMORE	134 INSIDE CITY LIMITS?	13. SIREET ADDRESS / ZIP C 4246 LABYRIN	HRD. #2121	5
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IMORE	IN			14-6170	3200 WOODVAT)MD2120	18
ficate ficate papers		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and (c).)			APPROXIMATE I	NTERVAL AND DEATH
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STO		Conditions, if any, which	DUE TO, OR AS A CONS	SEQUENCE OF				
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that that the day the lease rial, cre		underlying couse last.	DUE TO, OR AS A CONS	SEQUENCE OF				
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he lo an. has the lo we	- E					YES TO NOW IN CE	RTIFYING CAUSES OF D	DEATH?
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PN OF VITA HYSICIAN: I ding physici s certificate burial-transi Mental Hyg		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	H DAY YEAR				
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ontrol of Hear		sow the deceased alive on above, (I) (we) (did) (did not	10 - 4	60 -0	nd that in (my) (aur) apinion	death accurred on the date and		
OR AT OR AT DIREC Doched f Dept. of		22b. SIGNATURE	view the body ofter death.		DEGREE		22c. DATE SIGN	FD
the property of the Deep Prope		nonna a	10		ATTENDING	MEDICAL STAFF		
PITA by ERA Stat	-	22d. PHYSICIAN'S NAME GTYPE OR	PRINT	is m	22e ADDRESS	DIRECTOR PHYSICIAN	1 9.29	-24
O HOSPITAL efoined by the TO FUNERAL should be der with the Stote MAPORTANT:		1011						
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	730	BURIAL, CREMATION, REMOVAL	OCT.1,1986		EMETERY OR CREMATORY I HADATH	23d LOCATION ROSEDALE	ALTO.	MD
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			FOR STATE		DEPARTMENT OF HEAD		IYGIEND O	La 4	dig C	
230	- 5		REGISTRAR	ME	DICAL EXAMINER'	S CERTIFICATE C	F DEATH RE	G. NO.		
00=	18720		CEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOW	VN MONTH	DAY YEAR	26. HOUR
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	45555E	1 SEX	James A.RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF	UNDER I YR. IF UNDER	24 HRS. 2c. DATE	MONTH	DAY YEAR	2d HOUR
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	の事用を	HO CI	TY OR TOWN OF DEATH	II. NAME OF HOS	PITAL, NURSING HOME, OR (OTHER INSTITUTION	120. USUAL OCCUPATION	te)	OR INDUST	TPV
	3525000		Randallstown	Baltimo	re County Gene	ral Hospita	L FOR MOST OF WORKING LIFT	E Westin	ghouse	
_	00000	USU/	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GE	VE RESIDENCE BEFORE ADMISSION)					21133
21201	S S E S E S		TATE 136. COUN	imore	Randallstown	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 9609 Orpin	Road Ap	t. 104	
	# STORES	-	ryland Balt	unore	T Nariaaris com	15 MOTHER'S MAID		nout np	0. 101	
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N N	NS OP A		VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	Mrs. Evelyn ^{AD} E	3talack		
BALTIMORE	JRS AFTER B. GIVE PA WITH FOR DIVISION			WII	179-07-7506	9609 Orpin	n Rd. Rando	allstown,	MD.	21133
:	WIT WIT		18 CAUSE OF DEATH (Enter an	ly ane cause per lige	for (phylb), and (c).)	- A			APPROXIMAT	
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	NAT A PART A PAR		gave rise to immediate cause (a) stating the under-	(b)						
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	2 4 8 9 6			(c)						
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8	HOULD BE BORD PROPERTY OF HEALTH, JRIAL CREM	CERTIFICATION			A A Standard		Processor Contract			
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VITA	SSENOR!	Ě							YES 🗆	NO 🗆
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	ARY HE		26/11	A PER PAR		TUILE (SPECIFY)				1
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	TO MEDI EXECUTE PAGE 4 TO FUNE ARTER DE BALTIMO	230 B	URIAL, CREMATION, REMOVAL	2h DATE	23c. NAME OF CEMETER	ADDRESS	Table LOCATION	18111-1	-/ /	720
		(5	PECIFY)				23d. LOCATION CITY OR TOWN	e Balti	mana	MD
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	DHMH - 17				uneral Directo		ALC D. DI REGISTRAK (238	REGISTRAR'S SIG	NATURE	
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9 5 5	7a. 8	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	B AA A DDI	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
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at d'a			3	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST		INDUSTRY	. 500% 4500 011
9 9		Randallstov			to. Count		. Hosp.	(patient) .		
P P P	13a.	AL RESIDENCE (IF NURS	13b COUN	TY INSTITUTION	13c. CITY OR TOW		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
	4	Md.	Carr	coll	Svkesvi		YES NO	Springfiel		2178	1
d 2 sh	14)F	ATHER'S NAME				J. J. O	15. MOTHER'S MAIDEN NA	ME	d nosp.	2170	-
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AORE executed on do o o o o o o o o o o o o o o o o		YES, NO OR UNKNOWN)		E WAR OR DATES)	16b SOCIAL SECU	KIIY NO.	17. INFORMANT	3583 ADDR	Mt.	Ida Di	rive
> 0000		No			217-76-	0287	Mr. Richard	Blackwell.	Ellico	tt_Cit	tv. Md.
r., BALTIMOR		18 CAUSE OF DEATH	H (Enter on	ly one couse pe	r line for (o), (b), on	d (c).)	A				MATE INTERVAL
		PARTI. DEATH W	AS CAUSE	D BA:	COLd	100	AGUOYI	7/1			
S Cert			IMMEDIAI	E CAUSE (o)	Corre	wit	1/3/3 4	16			
rhe death contending the ottending the ottending tempore corbination, or er froumotic				DUE TO, C	OR AS A CONSTEOU	NCE OF	a stable o				
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es that the death certificated by the ottending phylogic remove corban phical, cremation, or removing, an other troumotic ever	1	underlying couse	lost.	((c)_							
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he lay he lay has the perneperne	문						0	0	IN CERTIFYIN	G CAUSES	OF DEATH?
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OR AT OR AT DIRECT Sched f Dept. of them 3		22L SIGNATORE	00)	1	1/		DEGREE			22C DATE	SIGNED
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Account of the contract of the		FOR			DEPARTA		OF MARYLAND EALTH AND MENTAL HY	GIENE B F	,	2 4 6	8 3
252	1 -	STATE REGISTRAR					CATE OF DEATH			Ecm # #	
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1 /()	0.0	orth Carol				MARRIEI	NEVER MARRIED				
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4 4	De	ndallatere	18	(IF NOT IN SUCH FAC	ILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR	MOST OF WORKIN	G LIFE) INDUSTRY	
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966							136 INSIDE CITY LIMITS?	13e. STREET ADDR			19.53
//		ryland	Carr	oll [S	Sykesvi	ille	YES NO X	6620 Ch	urch St	treet 21	784
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1320		Joseph			Roebuck		Eva		DDDFCC	Beach	
de		AS DECEASED EVER IN	(IF YES, GIVE W	AR OR DATES)	SOCIAL SECU		17. INFORMANT	1311 1	Hilton	Terrace	
1	/	NO		2	44 24 2	2764	Larry Bloom	er Catons	sville,	MD 21228	
1 5		gave rise to imme cause (a), stating underlying cause	the	DUE TO, OR AS	a conseque	ENCE OF		1716	HAVE	P ALL	
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STATE OF MARYLAND

Film G619 item 16b 9/24/86 cw

(VRA 15, 4)

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	1				STATE OF MARYLAND)		-		
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leoth. P		RTHPLACE (STATE OR FOREIGN COUNTRY)	U. S.		MARRIED NEVER MAR		BALT I MOR	-		MD
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ges la dicol		WAS DECEASED EVER IN U.S. AF	VE WAR OR DATEST	OCIAL SECURI	TY NO. V INFORMANT		inen - 864	SS	bleigh	21234 D. Rd.
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hat the death obey the otterial ose remove can al, cremation, a cother troumat		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A	ASPIRA	ATION	AR ACC	CIDENT		7	DAYS
n signed Then ple r to buric injury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DE	ATH BUT NOT RELATED TO	THE TERMIN	NAL DISEASE OR COND	ITION GIVEN	IN PART 10	
hos ber t permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION F	FOR WHICH O	PERATION WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	OF DEATH?
ICIAN: T		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. M		YEAR	RY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM TO PART	I OR PART 2)	
ottending ter this co s the buring and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ (AT HOME STREET, FAC	URY TORY, OFFICE, FAR	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
Spitol or SCTOR: Af		22a. I certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	9/3	19	35	19 <u>86</u> r) opinion de	_, to9/14 eath occurred on the do	te and hour o		that (1) (we) lost
She be be be		22b. SIGNATURE) my) .	PHY	ENDING SICIAN	MEDICAL STAF	FIAND	22E DATE	SIGNED
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5 5 5 3 1		BURIAL, CREMATION, REMOVAL			ME OF CEMETERY OR CREA	MATORY	23d LOCATION			
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DHMH - 16 60M 7/84	24/5	NERAL DIRECTOR	TEOR V	ADDRESS	101	250 DATE	REC'D. BY REGISTRAR	Sb. REGISTRA		

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=19838	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE	6 6	2 4	4 8 0
may be page 3 ter death		EASED NAME DR PRINT)	Barry		-ee		N, Jr.			DAY YEAR	1:02pm
ge 4 ma ector. po urs ofter o	3 SEX	Male	1	White	9	5 DATE O	gus t ^a 23,1986		(EARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR	1F UNDER 24 HRS
Juneral di mn 72 har	C	THPLACE (STATEOR)		U.S.	WHAT COUNTRY	WIDOWE			RECITY OR COUNTY		MD.
ofter of the fulled with		y or town of dea Baltimore	1	Fran	kTin Sqi	Jare Ho	or other institution ospital	120 USUAL (TYPE OF WOR	OCCUPATION K FOR MOST OF WORKING LIF 10	12b. KIND C INDUSTRY None	OF BUSINESS OR
(E) 135	13g. S	L RESIDENCE (# NURS LATE Maryland	MP COMMI	THER INSTITUTION	Balti	more	13d. INSIDE CITY LIMITS?	13e.STREET 6	ADDRESS ZIP CODE 616 Bushey	Street	-Baltimor
MARTH ted	I FA	Barry	Lë	DDIE	Braden		Margaret	Jean	Morgan	LAS	Md.21224
BALTIMORE, cate be executed by spicion and coppers. Page wol.	160 W	AS DECEASED EVER	NO NO	ED FORCES? WAR OR DATES)	NO NO	CURITY NO	Mother-Marga	aret Je	an Braden- Balto.Md	6616 Bu	shey St.
NG PHYSICIAN: The law requires that the death cert ottending physicion. After this certificate has been signed by the attending os the burial-tronsit permit. Then please remove corbot th and Mental Hygiene prior to burial, cremation, or rearked or them 18 shows any injury, or other traumatic enacked.	RTIFICATION	Conditions, if ony, gove rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN Hyd 90 DATE OF OPERA	nediate ig the lost. NIFICANT CO IPOPS F	DUE TO, OR (c) PODITIONS CO CALL 196. CONDITIONS 216. TIME OF	TION FOR WHIC	DEATH BUT	NOT RELATED TO THE TER N WAS PERFORMED 216 HOW INJURY OCCUI	200 AUTO	DPSY? 20b. IF YES IN CERTIF	, WERE FINDING CAUSES	NGS LISED
HOSPITAL OR ATTENDI ined by the hospitol or FUNERAL DIRECTOR: A fuld be detoched for use in the Stote Dept. of Heal	MEDICAL	OR CONTRIBUTING CIFE EITHER NOTIFY MEDIO 21d INJURY OCCUPA WHILE NOTIFY MEDIO 22d I certify that y Sow the decease obove, prime I ce 22d PHYSICIAN'S NA Salvador	CAL EXAMINER) RED ILE (this hospitol ad alive on a did (did at)	P.A. 21e PLACE C (AT HOME STREE AUGUST VIEw the badyer RINT)	deceased from 23, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	Augus 86 or	211 LOCATION STREET 223, 19 81 ad that in (my (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS UAPP Drive	6 to AU n death accurre MEDICAL DIRECTOR	GUST 23, d on the dote and hou STAFF PHYSICIAN	224. DATE 8/23	SIGNED 3/86
Bb——— Orange Argusta		rial, Cremation, i's'posal To	HOS P	tal 9/	5/86	Frank	EMEJERY OR CREMATORY, (Tin Square H	osp. 90	Frankli Baltimo	n Squar re, Md.	re Dnive
DHMH - 16 60M 7/B4 (VRA 15, 4)	Z4 FUI	NERAL DIRECTOR			ADDRESS		250. DA	Q3.	EGISTRAR 25h REGIST	RAR'S SIGNAT	URE

	It	ons. 21a -	21f p	er p	hone n	EPART	STA1	E OF M	ARYLAN	ID	YGIENE?	6		0	d	8	1
3 3 8	1-	STATE With M REGISTRAR da	aE. 10	/02/	86 MED	ICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	FDEATI	1	REG. N	0.	7 7	0	1
000	1. DEC	EASED NAME	FIRST		114.1	WIDDLE			AST		. 2a.	DATE KN		MONTH	DAY	YEAR 2	HOUR
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١	3. SEX	4_ R.A			OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER		DATE	-	HINON	DAY	YEAR 2	HOUR
	Ma	le Wh	ite		y 15,1		60 YR		DAYS	Hours	MIN PRO	DEAD	opto	Emba	27719	86 1	PM
d	7a. BI	RTHPLACE (STATE O		7b. CITI	ZEN OF WH	AT COUN		R	D NEV	VER MARRIE	9.1	BALTIMO	RE CITY O	OR COUN	TY OF DEA	TH	
ı		reign country) orgia			U.S.A.	F3.17		WIDOW		DIVORCE		Ra1	timo	re Co	ounty		MD
I		TY OR TOWN OF D	EATH	11. NAA	ME OF HOSE	PITAL, NU	RSING HOME	, OR OTHE	R INSTITUT	TION	12a. USUAL	OCCUPATOF WORKIN	TION (TYP	PE OF WORK	12b KIND O	OF BUSI	NESS
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	130 S Ma	ryland	Balt	imor	e		imore	H. I	YES T	NO &				rook	Rd. 2	1230	9
	_	THER'S NAME								R'S MAIDE				LOUN	LAST		-
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	16a V	VAS DECEASED EV		MED FOR			CIAL SECURITY	NO.	17. INFORM				ADDRESS	S	nat	CHEI	
	Ye	ES, NO, OR UNKNOWN)	(IF YES, GIVE		TES)	253	-36-25	01	Kewi	n G	Brancl) - 6	ame	as #	136		
		18 CAUSE OF DE			use ner line				1001	2	2241101			/	APPRO	XIMATE IN	ITERYAL
		PART I DEATH	WAS CAUSE	D BY:		35	2/15/	B.	0//	+	Was	nd	100 V.	ead	3	ONSEYA	NDOEATH
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ı		Conditions, if													13.5		
1		gave rise to cause (a) stati		<	UE TO, OR	AS A CON	NSEQUENCE (OF.				AL 111	VIII E				
		lying cause la	st.		(-)										120		
		PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUT	ING TO DEATH B	BUT NOT RELA	ATED TO THE TERM	INAL OISEASE	OR CONDITIDI	N GIYEN IN PAI	RT 1 (a).						
	Z																
ĺ	ATI	190. DATE OF OPE	RATION	1	9b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 AUT	OPSY?	
	IFIC			200											YES		Don
1	CERTIFICATION	21a. EXTERNAL C			1b. TIME OF		DAY VE		W INJURY	OCCURRE	D LENTER NATI	JRE OF INJUR	Y IN ITEM 18	PART 1 OR P	'ART 2)		
		UNDERLYING CONTRIBUTING	OR CAUSE OF		P. Me.M.		27/86		38 Cal	l. bul	llet t	o ric	ht t	emp1	P		
1	MEDICAL	21d. INJURY OCC			le PLACE C	OF INJURY	(AT HOME,	21f. LO	ATION	- Dai	18870					13-1	
1	X	WHILE AT WORK AT	WORK T	2	ceme		ETC.)		lonia	Rd C	Cockey	Evil 1			Md -		STATE
				111								Г	7				
		22a. 1 certify the					ove, held an	Autop	-	Inspection		Inquiry L		nd in my c	pinion		
I		death resulted fr	am: Natu	rol cause	5	Accident	L. 5m	icidir—LE	Harpic	cide 🔲	Undeterm	ined mani	ner,	7-7			1
		ACTUAL	Vol.	. 6	-11	6	- 11	Mex	11116	DECIN	0.1			DATE	94	- /	21
100		SIGNATURE	eno	rug	10	NE	nucc	week.	6. V	per	EDICA	LEXAMIN	4ER	SIGN	10//2	110	6
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	(:	SPECIFY)				230.				JK1	CITY OR 1	OWN	527		alto.,	STAT	Md.
		rial UNERAL DIRECTOR		9-29	-80_		Dulane 1050 Y			25a. DATE F		onium GISTRAR			SIGNATURE	-	au.
		NAME		1 !!	ADDRESS				a.	U	3101	1986		إلالأثاره		فالحاماة	6
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20M 4/82

ST	ATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR	C	ERITICALE OF DEATH	REG. NO	0.				
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH		AR 2b. HOUR			
ITTP	Elizabe	th C. BRANDAU		September 2	1, 1986	1:45 a			
3. SE	X 4.		DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HR			
/	Female	White	Nov. 8, 1908	78	YRS	DAYS HOURS MIN			
	RTHPLACE (STATE OR FOREIGN 76.	and U.S.A. w	MARRIED NEVER MARRIED DIONED DIONED	Baltimore C		гн			
	Rossville	NAME OF HOSPITAL, NURSING H LIFNOT IN SUCH FACILITY, GIVE STREET ADDR Franklin Square	Hosp 21237	12e USUAL OCCUPATION OF THE OF WORK FOR MOST OF MARKET—Dep		ND OF BUSINESS C			
13a	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY Lary Land	HER INSTITUTION, GIVE RESIDENCE BEFORE ADM 13c. CITY OR TOWN Baltimor	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2822 Hem	ZIP CODE Ave.	-21214			
14 F/	ATHER'S NAME FIRST Eugene	Cassidy	15. MOTHER'S MAIDEN NA. Florence	e widdle	Wrig	h t			
	WAS DECEASED EVER IN U.S. ARME (YES NO OR UNKNOWN) (IF YES, GIVE W			addre e Wann – 28		2121 k Ave			
CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEAT		NINAL DISEASE OR CONI	RT 11a				
TIFIC				YES NOTX		ING CAUSES OF DEATH?			
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	JRRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,		city or to					
	22a. I certify that (this haspital saw the deceased alive an above,) ((we) (did) (X X X X X X X X X X X X X X X X X X X	ate and have and from	that XII (we) long the causes stated DATE SIGNED						
	11	Luly	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 9/2/					
1						(0)			
	ZZd. PHYSICIAN'S NAME (IVPE OR PI Z. N. Lahiji, I		22e ADDRESS 9000 Frank1	in Square D		237			
	Z. N. Lahiji, I	M. D.	22e ADDRESS 9000 Frank1	123d LOCATION	r. 21				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Henry Sander & Sons, Inc., Balto., Md. 21213

SEP 2 4 1986

Lundon-Mandelle

00	1-18965	١.	FOR			DEPARTN		E OF MARYLAND EALTH AND MENTAL HYO	GIENE 8 6	2	4 4	8 9
		1.	REGISTRAR					ICATE OF DEATH	REG. NO	,		
		1. DE	CEASED NAME	FIRST	,	MIDDLE	ı	AST		MONTH DAY	Y YEAR	26 HOUR
	be so the	(TYP)	OR PRINT)	Veror	ica	C		Braun	Septembe	r 20	1986	м
	may be r, page	3. SE	X		. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF		IF UNDER 24 HRS
	age 4		Female		Whi		Oct		69	YRS.	NIHS DAYS	HOURS MIN.
	20 P.		IRTHPLACE (STATE OR COUNTRY)	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTYO	FDEATH	
	A LEG ASOL	1_	New You		US		WIDOWE	D DNORCED	Baltimon		inty	MD.
10	1 1	10. C	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN THE FACILITY, GIVE STREET A		R OTHER INSTITUTION	12a. USUAL OCCUPATION		12b. KIND OF INDUSTRY	BUSINESS OR
50	24 hours after sulfed in by the sulf be filed in the sulf be sulfined in the sulf be sulfined in the sulfine su		Essex			orner R			Housewit	е		
213	hood de de	USU 13a.	AL RESIDENCE (IF NUR	13b. COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
AND			Md.	Bal	lto.	Essex		YES NO THE	339 Torr	ier Ro	pad 21	221
RYL	Within Within	14. F.	ATHER'S NAME	M	IDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	A1821
MA		4	Lucas		70 0 4 6	Rowne	У	Mary	Wild Co.	unk	nown	
RE,	and comp ages 1 am		WAS DECEASED EVER		ED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
W	0 ca E /		no	(IF 165, GIVE	WAR OR DATES	090-10-	7871	Robert Bra	un 339 Tor	ner F	Rd.212	221
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N	ding prba or re		200	HAMA E DIVINE		R AS A CONSEQUE	NCE OF					
STC	death affend ave co tian, c		Conditions, if any	, which	(b)	K AS A CONSEGUE	INCL OI					
PRE	he a ema mat		gove rise to im couse (o), stati	mediate)	R AS A CONSEQUE	NCCOE					
3	by t by t Sse r C. cre		underlying couse		(6)	R AS A CONSEQUE	INCE OF					
20	ned ple		PART 2. OTHER SIG	NIFICANTIC	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	ITION GIVEN	IN PART 10	
RDS,	Then tab	NO			3//199							
0	ow r	N N	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
1 RE	was a see a	Ē							YES NOT	YES	NG CAUSES	NO [
/ITA	IYSICIAN: The ding physicio plus certificate I burial-transit Mental Hygie ar fem 18 sho	CERTIFICATION	21a. ACCIDENT WAS UN	DERLYING	21b. TIME O			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T OR PART 2)	
P	SICIAN ng phy certific certific priol-tri		OR CONTRIBUTING		HOUR A.	M. MONTH DA	YEAR	Daniel St.				
NO	ding is ce buri	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		21f LOCATION			COUNTY	STATE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212d	offen the the same	¥	WHILE NOT W	HILE D	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	2 N	COUNTY	STATE
٥	ADIN AF		22a. I certify that (I	(this hospite	ol) ottended th	e deceased from_		. 19	, to	, 19	·, t	hot (l) (we) lost
	R ATTEN haspital RECTOR red for u		sow the decease above, (1) (we) (ed alive on_	view the hady	ofter depth	, or	ed that in (my) (our) apinion	death accurred on the do	te and hour a	nd from the c	ouses stated
			226. SIGNATURE	^	A	one down		DEGREE			22c. DATE S	IGNED
	by the by the ERAL Discrete detocl			J'	Mile	uer		ATTENDING PHYSICIAN Y	MEDICAL STAF	IAN 🗌	19/22	1/86
	HOSPITAL FUNERAL Suld be det wh the State	1	224. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRESS	1		11/2	
			MILI	VBR				404 Eas	itein 13	lvd	2125	4
	0 g 0 g y		BURIAL, CREMATION		23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	234 LOCATION			
	BP		(SPECIFY) Bur:	ial	9/2			Hill Cemet	ervMiddleF	River	Ral to	STATE
		24 F	UNERAL DIRECTOR	OR YOUR			/	25a. DA	TE REC'D. BY REGISTRAR	Sh. REGISTRA	R'S SIGNATU	JRE
	DHMH - 16 50M 4/B2 (VRA 15, 4)	C	onnellyFu	inera	Home	300Mage	AMA	21221	SEP 2.3 1986	الما الما	COLUMN TO THE PARTY OF THE PART	1.0
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	1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG		24 4 9 6		
19504	1.00						REG. NO.			
		CEASED NAME FIRST		WIDDLE		A51	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
oge 3 deoth		DAVID	ВО	RDEN	BRA	YTON	9-28-86	M		
e d	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
urs of		Male	Whi			1898 YEAR	88 _{YR}			
12 10/		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 AA A DD IE	NEVER MARRIED	9 BALTIMORE CITY OR COU			
16	R	hode Island	U.S	.A.	WIDOWE		Baltimore	County		
A PALL S	10. 0	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR		
習の		owson		Stevenso	n Lan	e	Owner	Transport. I		
53	15U 3a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION			13d. INSIDE CITY LIMUS?	122 STREET ADDRESS / 71D CO			
(電温)		ryland Ba	ltimore	Towson		YES NO T	13e.STREET ADDRESS / ZIP CO	son Lane 21204		
A PLAN	14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM				
到雪口		George	WIDDLE	Brayto	n	Emma	MIDDLE	LAST		
S los	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS			
Poge		Yes, no or unknown) (IF YES G	T WAR OR DATES)	213-10-8	3745	Mrs. D.R. Bra	vton 716 Stever	nson Lane 21204		
he n	-			<u> </u>		III.S. D.D.DLa	y ton 710 bleven			
hysia oool ovol	131	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per SED BY.	r line far (a), (b), an	O A	00	On K	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
eve eve		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Pulmerary Edema								
rorb or or	1	DUE TO, OR AS A CONSEQUENCE QE)								
ave fron bour		Conditions, if any, which								
emo emo		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF A								
by t See 7		underlying cause last.	115000							
ple ple vrio		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
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nit I	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERA			N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED		
me perm	문						_ IN CE	RTIFYING CAUSES OF DEATH?		
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riol riol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		.M.	19					
d A M	9	21d INJURY OCCURRED		OF INJURY	4044 E7C \	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE		
s the	2	WHILE NOT WHILE AT WORK	(X) HOME 51	TACIORT OFFICE I	nam EIC)					
Aff olth mor		220.1 certify that (I) (this has	orfal) attended th	ne delensed from	Tim	1. 14th 10 KM	10 9-28	1036 that (It (wa) las		
OR OR		saw the deceased alive o	6 1 21	198	7	od that in (my) come) aguings	tenth occurred on the date and	have and from the source stated		
d fo		abave, (1) (wer ratio) (did not) view the body after death.								
OiRi Oche Dep		226. SIGNATURE	TIL DATE SIGNED							
i de et		MAKE	on	Lucin	mi	MATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/29/12		
	1	224 PHYSICIAN'S NAME LITYE	OR PRINT)			221 ADDRESS		1/1/00		
		Kevin Qui	nn			1205 Yor	k Road 21093	/ /		
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STATE OF MARYLAND

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25M	DHMH - 17		UNERAL DIRECTOR		ADDRESS		6500 Yo		1.	250. DATE REC'	D. BY REG	ISTRAR	25b REGIS	STRAR'S	SIGNATU	IRE	
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7922 Wise Ave Dundalk, Md. 21222

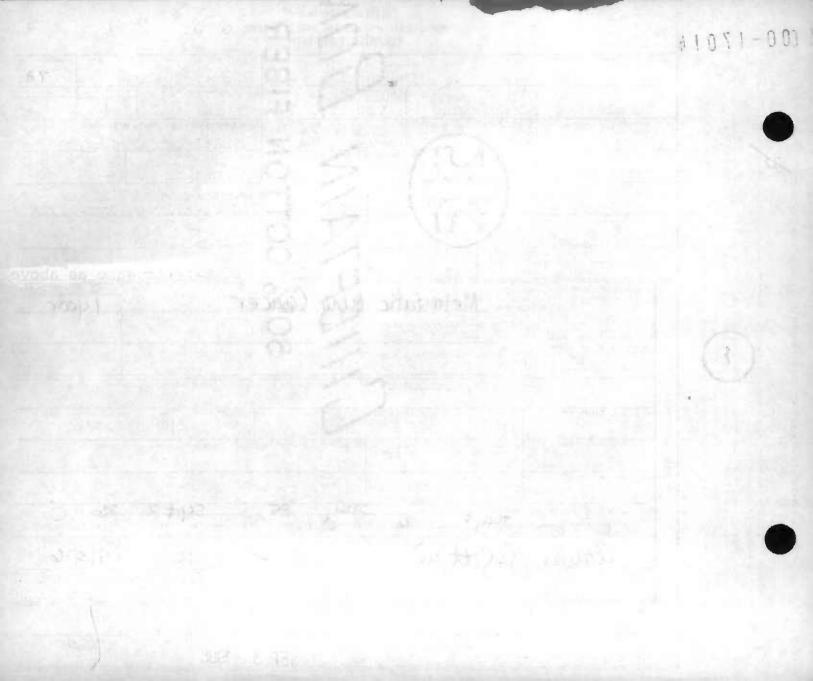
(VRA 15, 4)

STATE OF MARYLAND

SCHIMUNEK FUNERAL HOME, Balto, Md. 21256 3

DHMH - 16 60M 7/B4

(VRA 15, 4)



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FOR - STATE REGISTRAR DECEASED NAME

MALE

MARYLAND

FORT HOWARD

MARYLAND

MINTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

JOHN.

LAURTAN

76 CITIZEN OF WHAT COUNTRY

U.S.A.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Dundalk

V.A. MEDICAL CENTER

4 RACE

MEAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

BALTIMORE

136 COUNTY

WHITE

TYPE OR PRINT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BURGESS

YES |

FEBRUARY 27, 1923

MARRIED NEVER MARRIED

13d. INSIDE CITY LIMITS?

DIVORCED TO

NO X

5. DATE OF BIRTH

MONTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

20 DATE OF DEATH MONTH

& AGE (IN YEARS LAST BIRTHDAY)

120 USUAL OCCUPATION

WELDER

REG. NO

SEPTEMBER 14, 1986

BALTIMORE CITY OR COUNTY OF DEATH

240 RIVERVIEW AVENUE

BALTIMORE COUNTY

TYPE OF WORK FOR MOST OF WORKING LIFE!

3e STREET ADDRESS / ZIP CODE

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12b. KIND OF BUSINESS OR

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A FATHER'S NAME IS MOTHER'S MAIDEN NAME ANIDOLE ELLEN BURGESS **GEORGE** DODD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) 217 18 0480 CLIN. RCDS. VA MEDICAL CENTER, FT. HOWARD, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY ARREST IMMEDIATE CAUSE (a)_ DUF TO OR AS A CONSEQUENCE OF RENAL FAILURE Canditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. DIABETES MELLITUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 214 INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 875 10 86 220 I certify that (1) (this haspital) attended the deceased fram. 86, and that in (my) (our) apinion death occurred on the date and haur and from the causes stated saw the deceased olive an_ above, (1) (we) (did) (did nat) view the bady after death DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 9-14-86 22e ADDRESS WACLAW KAZIMIERCZAK, M.D. VAMC, FORT HOWARD, MARYLAND 21052 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL (SPECIFY) Garrison Forest Vet. Cem. Owings Mills, Md. 21117 Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Walter Brooks Bradley Inc. Balto., Md. 21222

DHMH - 16 60M 7/84 (VRA 15, 4)

							STATE OF MAKTLAND		
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	e	t 3			OR PRINT)				
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	ge 4 n	ector. rs offe			FEMALE	WHITE	MONTH DAY YEAR 7 1898	87 YRS.	MONTHS DAYS HOURS MIN.
	earth. Pa	27 0	33		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Baltimore Cou	of DEATH Inty
1	4	155	7	10 C	ROSSUTILLE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET)	NG HOME OR OTHER INSTITUTION ADDRESS) SOUTHE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIF	12b. KIND OF BUSINESS OR
MARYLAND 212	24 haur	illed in the cold be	on the same	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	ADMISSION) YES NO PROPERTY LIMITS?	13e.STREET ADDRESS / ZIP CODE	N AVE 21219
YLA	e de	sho sho	5	14. F.	ATHER'S NAME	7010.	15. MOTHER'S MAIDEN N.	AME	1706 -1211
AAR	3	a de	20		WALTER	MIDDLE LAST	FIRST	MIDDLE	AVEST
	corte	Con	0 1		WAS DECEASED EVER IN U.S. AL		JRITY NO. 17 INFORMANT	ADDRESS	770671
BALTIMORE,	e exe	n ond on.	medi		YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES) 2/17-12	7527 MARTEN 1	R. MAAS SAM	E
BALI	o te	ysicio ppers vol.	t, the		18 CAUSE OF DEATH (Enter o	inly one couse per line for (o), (b), an	d (c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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REST	1	110	roon		Conditions, if any, which gove rise to immediate	(Aspiration	on Pneumonia		
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	quires	signe Then pl	njury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 11a
AL RECORDS,	low re	ermit.	(ou	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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ON	PHYSI	S C S	6	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
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۵	200	R: Af	s mork		22a. certify that Mi (this hosp	September 11 19	September 9 19 8	TT TOWNS TT	
	ATTEN	CTO pf	21		saw the deceased alive ar abave, (* (we) (did) (did)	ot) view the body after death.	, and that in (our) opinion	death occurred an the date and hav	r and from the causes stated
	OR bo	DIRE	Herr		226. SIGNATURE	11	DEGREE		22c DATE SIGNED
	by th	- + o	Ę		1 VUCCOV	radio	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	September 11,
	O HOSPI	TO FUNERAL should be det with the State	PORTAN		22d. PHYSICIAN'S NAME (TYPE)	ORPRINT)	22e ADDRESS		1986
	Teto	5 % ×	<u>*</u>	220	TVIR COIL		9000 Frank	klin Square Drive	Baltimore 21237
	В	0		230	BURIAL, CREMATION, REMOVAL	236 DATE 236 1	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
				24 F	UNERAL DIRECTOR	17,1906 /	OCCY ITICL 250 DA	MEDDLE RIVER	RAR'S SIGNATUREA . DE
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	_	remale	Thegra		24-07	9 BALTIMORE CITY OF	YRS.		URS MIN.
K	0	RTHPLACE (STATE OR FOREIGN COUNTRY) PLT I MAR & MO	IS CITIZEN OF WHAT COL	MARRIE WIDOWE		BALTIMO	2 10 10 10	Co	MD.
30	10 A	LLANSFILL	II. NAME OF HOSPITAL	IRSING HOME, O	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)	26 KIND OF BU NDUSTRY	SINESS OR
	USU. 13	AL RESIDENCE (IF NURSING HOME 13b CO	UNTY	CE BEFORE ADMIS	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS /	ZIP CODE	2/6	228
Sec.	14. FA	ATHER'S NAME FIRST	NE Know	AST	15 MOTHER'S MAIDEN NAME OF THE PRINT OF THE	ROBER	75	LAST	
medicol		VAS DECEASED EVER IN U.S. J YES, NO OR UNKNOWN) (IF YES (ARMED FORCES? 166 SOCIA	804/11	MRS DEBORAL	Y JOHKSON	1112 HA		15
event, the		PART I. DEATH WAS CAU	only one couse per line for (o) ISED BY: IATE CAUSE (o)		diac-Pulmo	nay Arra	t	BETWEEN ONSE	INTERVAL AND DEATH
other traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COL		Breast Car	mCin		ayen	2
injury, or o	NOI	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART Ita	
hows and	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		200 AUTOPSY?	IN CERTIFYIN		
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rkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY)		211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
21 is mo		sow the deceased alive	on not) view the body after death	19 860	nd that in (my) (our) opinion	, to death accurred on the da	te and hour an		(I) (we) lost es stated
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3 ≤ /	23a. E	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION OR TOWN	CC	DUNTY A / -	STATE

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

				STATE OF MARYLAND		0 1 1 0 17
00 1770		FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL	HYGIENE 8 6	24503
00-1/7		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		DECEASED NAME EMMA	H. MIDICANNADA	Y LAST		ONTH DAY YEAR 26 HOUR
. m#		YPE OR PRINT)	4	1	a	12/2/2013
0 00		EMMA	11	annaday		18/86/0 AM
8 A.	3.	SEX 4. R/	ACE .	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
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- 11		101100		10 8 19		YRS.
5 25 CD	01	BIRTHPLACE (STATE OR FOREIGN 76 C	ITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
1100	DB	Sord Co. Va	USA	WIDOWED DIVORCED		. Co
7 71 7	10	CITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	
4 44 1/		6	NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)	(TYPICOF WORK FOR MOST OF V	WORKING LIFE) INDUSTRY
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1 1 5	13	UAL RESIDENCE (IF NURSING HOME OR OTHE I. STATE 136 COUNTY	R INSTITUTION GIVE RESIDENCE BEST		32 136 STREET ADDRESS / 2	71P CODE 21204
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14	FATHER'S NAME	, , , , , , , , , , , , , , , , , , , ,	15. MOTHER'S MAIDEN		ore week for
V IND	7	FIRST MIDDE	LE LAST	FIRST	MIDDLE	A/ LAST
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9 9 0	160	(YES, NO OR UNKNOWN) (IF YES, GIVE WAI		URITY NO. 17 INFORMANT	ADDRES.	CIE Cho. taut
000	$I \cup I$		213 37	8416A 7/1/02/1	Litaile)	CIS See Soul
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the same	- 1	Conditions, if any, which		gestive Ment	Aculuse.	
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· 多音音	1 8					
3 1 1 1 2	2	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED
0 0 0	7 8		And the second			IN CERTIFYING CAUSES OF DEATH?
A City of the Control of the City of the C	/	A CONTRACTOR OF THE CONTRACTOR			YES NO	YES NO
2 2 2 1 ± 8		OR CONTRIBUTION CONTRACTOR OF STATE	216. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR 1216 HOW INJURY OC	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART ?)
5 00 100	713	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
White dry	7	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
4 4 4 4 7 7 7	1 2	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
N 4 4 4 6	- 1	AT WORK AT WORK		,//, 6	1/2 0/1	
2 2 2 3 3 5		22a. I certify that (I) (this hospital)	9/6	7/2 100	, to	, 19 6 , that (I) (we) ast
The Charle	- 1	saw the doceased give an abave, (1) (we) (did) did not vie	w the bady after death	our)opir	nian death accurred on the date	and have and fram the causes stoted
A SECTION OF THE SECT	-18	371 SIGNATURE	/ / w the body driet death.	DEGREE		22t. DATE/SIGNED
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HOSPIT, brind by D FUNER, ould be d th the Sta	/1	1606ert 0 to	Ite, MD	1818 Pats1	runs 11a. LI	Herville, Mis
5 5 5 7 3 3-	73	BURIAL, CREMATION, REMOVAL 23	3b. DATE 23c	NAME OF CEMETERY OR CREMATO	RY 1/23d LOCATION	1
	13	(SPECIFY)			CITY OR TOWN	, Maryland STATE
BP	-		Sept.9,1986 W	estview Crematory		
DHMH - 16 60M 7/84	4	FUNERAL DIRECTOR	ADDRESS	USU YORK ROAD I	DATE REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE
(VRA 15, 4)	1	Ruck Towson Funeral	Home, Inc.	lowson and 21204	SEP 11 1986	b. REGISTRAR'S SIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS September 1, 1986 Olin Carlisle 11:15A Nelson 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH MONTH 15, 1908 78 White Aug. Male BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County Delaware U.S.A. WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Jury Commissioner Balto. County Manor Care Ruxton Nursing Home Ruxton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 130 STREET 420 DESS ZERCEDEL 13d. INSIDE CITY LIAUTS? Baltimore 21212 Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Carlisle ÜNKNOWN UNKNOWN Milton ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Stuart N. Carlisle, 4309 Manoewood Dr. 21057 213-10-1486 1924-1928 YES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY cerebrovasa las accident IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF CARCLICE euroli Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF Cardille Chilarl 415 underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION

WHILE NOT WHILE

CERT

MEDICAL

- STATE

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES |

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED TIE PLACE OF INTURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

70g AUTOPSY?

211 LOCATION

22a I certify that (1) (this haspital) attended the deceased from. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE

PHYSICIAN DIRECTOR PHYSICIAN

22c. DATEISIGNED

Alan Kimmel M.D.

220 W. Cold Spring Lane, Baltimore, Md. 21210

230 NAME OF CEMETERY OR CREMATORY

Burial 4 FUNERAL DIRECTOR

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

Dulanev Valley Mem.

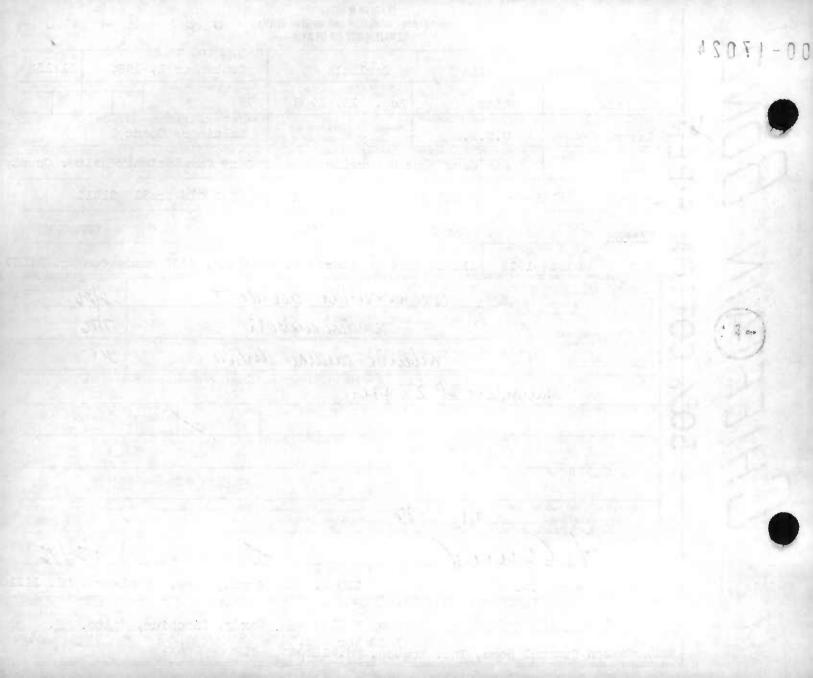
CITY OR TOWN Gards. Timonium, Balto, Md.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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(VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15. 4)

CREMATION 24 FUNERAL DIRECTOR 23b. DATE 09/25/86

MAURICE BERMAN, M.D.

THE PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

BALTO.-WASH. CREMATORY LAUREL

95 AQUAHARDT ROAD GLEN BURNIE, MARYLAND

P.G. REGISTRAR 256, REGISTRAR'S SIGNATURE

AMBROSE FUNERAL HOME 1328 SULPHUR SPRING ROAD

1213 Enthiese Armouta 1 King Hichord Ct. 21237 the transfer of the contract o and the contract of the contra

(VRA 15, 4)

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BALTIMORE COUNTY	
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	ASYSTOLE
	MEART FAILURE
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on one	
	9/21/86 (SWAN GANZ CATH-TO ASSESS C
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. 25 July 22 .	J. 752.72. F

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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST L DECEASED NAME 2a. DATE OF DEATH FIRST MONTH YEAR 2h HOUR 86 deat 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR YEAR DAYS à de 910 YRS To. BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY TIMOVE DIVORCED WIDOWED CILY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUS NESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) **INDUSTRY** elicion BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30 STATE 136, COUNTY 136, CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 30 STATE 13d. INSIDE CITY LIMITS? ALTO YES A NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE TON ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT YES. NO OR MINKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D. rterioscleratic Cardiovascular Disassi Conditions, if ony, which gove rise to immediate couse (D), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 Shahey 4% CONDITION FOR WHICH OPERATION WAS PERFORMED 30s. IF YES, WERE FINDINGS USED % DATE OF OPERATION 20n AUTOPSYT IN CERTIFYING CAUSES OF DEATH? NOF YES IT NO T 21h. TIME OF INJURY THE HOW INJURY OCCURRED. LENGTH NATURE OF HUMBS OF HEART IS MADE OR MADE TO 21st ACCIDENT WAS UNDERLIENG 00/ HOUR A.M. MONTH PLAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL OF EITHER NOTES MEDICAL EXAMINERS 10 21d. INJURY OCCURRED 71e. PLACE OF INJURY TH LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET PACTORY T TARM FIE ! T saw tow AT WORK 77s.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after de-77h SIGNATURE DEGREE 27c DATE SIGNED ATTENDING MEDICAL PHYSICIAN TI DIRECTOR THYSICIAN FUNERAL be detre 22d PHYSICIAN'S NAME 27s. ADDRESS ould be MPORT 0 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 73h DATE TAMMONTON DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

F	REGISTRAR				CERTI	TICATE OF DEATH	REG. NO).		
	ASED NAME	FIRSI		WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	25 HOUR
(TYPE OR	PRINT)	Sadie			Cech-Cec	hotovsky	September	5.	1986	11:15p A
3. SEX		9.0	4 RACE	omore in	3. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	R IF UNDER 24 HRS
Fem	nale		White		12		94	YRS	MONTHS DAYS	HOURS MIN.
a. BIRT	HPLACE (STATE	OR FOREIGN		F WHAT COUN	ITRY? 8		9 BALTIMORE CITY OF	7110	TY OF DEATH	
	stria		U.S.A		WIDOW	ED NEVER MARRIED	Baltimore	Cou	ntv	
	OR TOWN OF I	DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATION			OF BUSINESS OR
				JCH FACILITY, GIVE			(TYPE OF WORK FOR MOST OF		LIFE) INDUSTRY	
	SSVILLE RESIDENCE (IF N	URSING HOME OF			are Hos		Housewife	3		2.0
3a STA		135 COU		13c. CITY OR		134 INSIDE CITY LIMITS?	13e STREET ADDRESS /			
	ryland HER'S NAME	Balt	imore	Middle	River	YES NO 🔀	411 Browne	1 Rc	ad	21220
FAIF	FIRST		MIDDLE	LAS	T	15. MOTHER'S MAIDEN NA	WE		(4	AST
	rian			Slobo		Maria			Poto	ocni
	S DECEASED EV		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRES	7813	Harold	Road
No				213-74	4-4885	Joseph Cech				MD. 212
11	CAUSE OF DE	ATH Enter or	ly one cause pe	er line far (a) (l				XIMATE INTERVAL		
NOL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
CERTIFICATION	DATE OF OPE	RATIÓN	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			ON WAS PERFORMED	20a AUTOPSY? YES NOX	IN CERT	ES, WERE FIND FIFYING CAUSE YES [INGS USED ES OF DEATH?
MEDICAL	ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY N Id IN JURY OCC WHILE [NOTIFY NOT	CAUSE OF DEA	HOUR A	OF INJURY A.M. MONTH P.M. E OF INJURY TREET, FACTORY, OI	DAY YEAR 19 FFICE FARM. ETC)	216 HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF INJUR		PART I OR PART 2)	STATE
23	20.1 certify that saw the dece abave. Wee 2b SIGNATURE	this hospi assed alive an	Septemi Tview the bod	the deceased from 5 y after death.		22e ADDRESS		f IAN	22c. DATI	that (we) lase causes stated
	RIAL, CREMATIC	N, REMOVAL	23b. DATE		23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
	cial		9/9/1	986	St. St	anislaus	Baltimore	4	COUNTY	Maryland

ADDRESS

Maryland

21222

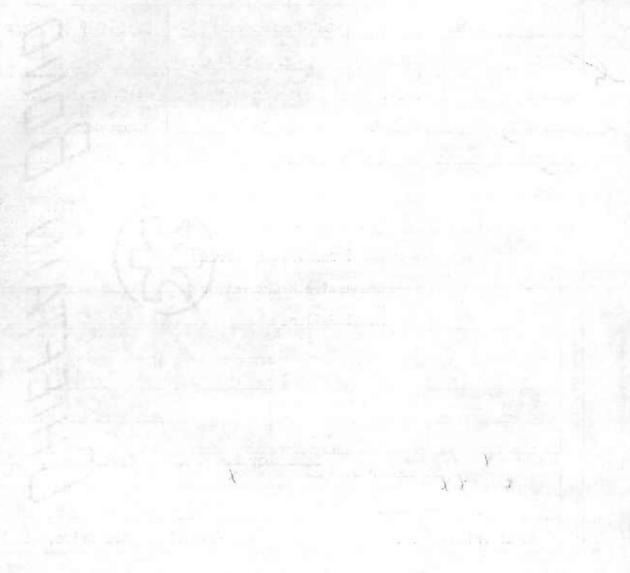
Dundalk,

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

7922 Wise Avenue



		FOR		DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE B 6	2 4	5 3	
0-18907	1.	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
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oge 3	(TYPE	ORPRINT)	RLEY	н.	0	HAMBERS		9 19 89	5 4.35AM	
Ĕ - j	3. SE		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER I	YEAR IF UNDER 24 HRS	
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Pognis		RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEAT	тн	
oth.	100	iryland	/	s,a,	WIDOWE	D DNORCED	BALTIMORE (454	MD.	
14/15/	10. C	ITY OR TOWN OF DEATH		H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		IND OF BUSINESS OR STRY	
hound in the liber holy		WSON AL RESIDENCE (IF NURSING HOA	/IGBMC-b/		RIES	STREET	G.B.M.C.			
filled in myld be	13a S	aryland 13 c	OUNTY	130 CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS? YES NO -	13e STREET ADDRESS / 2079 Woodbo		21239 . Apt. C-7	
RYL,	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST	
MA seed w	_	Vernon		Sanders		Pearl	1 7		ones	
BALTIMORE		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (# YE	S. GIVE WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRES			
De e	No			2153073	390	Robert Chamb	ers 2079 Woo		Ave. Apt.c-	
"Ye was the death certificate that the death certificate by the ottending physics ose remove carbon page of, cremotion, or removal, or other troumotic eventrate.		PART I. DEATH WAS CA IMME Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DIATE CAUSE (o) DUE TO, O (b) P DUE TO, O	R AS A CONSEQUE BILATER	ENCE OF	FAILURE NG METASTASES REAST CANCER	& INFILTRAT	ES		
ne n	NO O	PART 2. OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PA	ART Tro	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requirent this certificate hose signs of the buriol-tronsit permit. Then the ond Mental Hygiene prior to be orked or frem. It shows ony injury orked or frem.	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WERE F IN CERTIFYING CA YES	NO [
ON OF VITA ITALIAN: The ding physicion is certificate buriol-transit Mental Hygie	9	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	IN ITEM IB PART I OR PA	ART 2)	
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S a seal		22a. I certify that (I) (this h	ospital) oftended th	e deceosed from	g/6	19.86 and that in (my) (our) opinion of		19.86	, that (I) (we) lost	
Al OR ATTER y the hospitol (AL DIRECTOR detached for u ore Dept. of H VI; if them 21 is		22b. SIGNATURE	d not) view the body	ofter death MJ		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	224. 1	DATE SIGNED 186	
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote		22d PHYSICIAN'S NAME II	11			GBMC-6701 N	. CHARLES ST	REET	1 1	
5 5 5 4 3 X	23a (BURIAL, CREMATION, REMO		236 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP	Or	enation	9/24/	86	East	view	Baltimo	re	Maryland	
DHMH - 16 60M 7/84	24 FI Wn	uneral director 1. Chame March Fur	neral Home	Inc ADDRESS	lOl Ea	ast North Aver	E REC'D. BY REGISTRAR 25	Sb. REGISTRAR'S SIC		

	1	FOR	050 4 074	STATE OF MARYLAND	AL HACKENE & &	2 4 : 1 4
	1.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		24317
7.821		CEASED NAME PRINT	ip EDWARD	CHEIVOW	20 DATE OF DEATH MONTH	12 86 3:25 AM
2 de 4 de	1.58	Male	1 RACE White	S. DATE OF BIRTH		IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
0 / 35	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED LI NEVER MARRI	ED D OWS	
6	1	A HO	STOSEPH	1 HOSDHAL	ON 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Butchet	ING LIFE 12b. KIND OF BUSINESS OR INDUSTRY Super Market
12 19 19 19 19 19 19 19 19 19 19 19 19 19	M	AL RESIDENCE (IF NURSING HOME O STATE 136, COU Laryland	PROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Baltimon	N 13d INSIDE CITY LIV	☐ 6189 North	code wood Drive 21212
100	At a	ATHER'S NAME FIRST Lichard Thomas (Chenoweth	15. MOTHER'S MAIL	garet Rich	LAST
Poged 7	16a. \	WAS DECEASED EVER IN U.S. AI JES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU 216-05-0	7.00	8350 Blet C. Rapp Baltimore	zer Rd.
nor the death certificate by the attending physic iss remove corbosophic cremation, or removal, if			only one couse per line for (q), (b), on ED BY: TE CAUSE (o) DUE TO, OR AS A CONSEOUI (b) DUE TO, OR AS A CONSEOUI	ENCE OF	lisease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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R ATTENDENCE P Respiral or other SECTOR, when the red for use or he ept of Health one set of Health one	W	WORK NOT WHILE NOT WHILE NORK 220 I certify that (I) (this hosp sow the deceased alive or open in the little of the source of t	(AT HOME, STREET, FACTORY, OFFICE, F	19	opinion deoth occurred on the date and	
TO HOSPITAL O PROPINAL D FUNERAL D Should be detay with the State D IMPORTANT. If		22d PHYSICIAN'S NAME (TYPE	EL-Hennaw		STH.	9-12-86
BP	23a.	BURIAL, CREMATION, REMOVAL SECURY:	Sept. 15,1986	Name of CEMETERY OR CREM. Parkwood	ATORY 23d LOCATION CITY OR TOWN Parkville Ba	alto. Co. Md.
DHMH - 16 60M 7/84 (VRA 15. 4)	24 F	uneral director tchell-Wiedefe			250. DATE REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE

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7			OR PRINT)	IRST	MIDDLE	L	AST	20. DATE OF DEATH			HOUR
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mo.		3. SE	Χ	4 R	ACE	5. DATE C		6. AGE (IN YEARS LAS		FUNDER 1 YEAR IF UN	NDER 24 HRS
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Page House	6/27	70. B	RTHPLACE (STATE OR FOR	EIGN 7b. C	TIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	/
n 72	10		Vash. D.C.		USA	WIDOWE		Bulti	more	Connt	Y MD
e fu	Par promise		TY OR TOWN OF DEATH		NAME OF HOSPITAL, N	URSING HOME C		120. USUAL OCCUP		12b. KIND OF BUS	1110
oy th	5	10	Pandallston	n	(IF NOT IN SUCH FACILITY, GIVE	450	ty benend His	ACCOUNT		INDUSTRY CXXO	N
2120 hours be 4	96	USU.	AL RESIDENCE (IF NURSING	HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)				1 20	
ND 2120 24 hours filled in by	- 2		ryland	Balto	13c. CJIJY OR	nsville	13d INSIDE CITY LIMITS?	2015 Deve	SS / ZIP CODE	21228	
٨٠٠ ١٠ ١٩	le le		THER'S NAME			TOATTE	15. MOTHER'S MAIDEN		20 2110	2.72.20	
mplete	282		George	Chism	LE LAS	т	FIRST	MIDDL		LAST	
3 1 5 9-	-	16a V	VAS DECEASED EVER IN		FORCES? 166 SOCIAL	SECURITY NO.	Lucy 17 INFORMANT	- AD	DRESS	unknown)	
P co	medic		YES, NO OR UNKNOWN)	IF YES, GIVE WA			Dorothy L.	Chism 2015	Devere	Ave.	000
e b	the m	TAC						Cato	nsville	Md. 212	
, BAI	event, 1		PART I. DEATH WAS	CAUSED BY	ne couse per line for (o), (b), and (c).	Monary	Acrest		APPROXIMATE I BETWEEN ONSET	AND DEATH
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t the	ther		couse (o), stoting		DUE TO, OR AS A CON	SEQUENCE OF					
of the sed b	or o			- ((c)						
DIVISION OF VITAL RECORBS, 201 W. ING PHYSICIAN: The low requires that to rettending physician. When this centificate has been signed by the burial-transit permit. Then please reserved.	iory,	z	PART 2 OTHER SIGNIF	ICANT CON	DITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OR C	ONDITION GIVI	EN IN PART 11a	
ee ee	any in	CERTIFICATION	19a. DATE OF OPERATIO	NI T	19b. CONDITION FOR W	ALICH OPERATIO	NI WAS DEDSORATED	20e AUTOPSY?	Table 16 VEC	, WERE FINDINGS L	1000
low as b	in so	FIC.	198. DATE OF OPERATIO		178. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		IN CERTIF	YING CAUSES OF D	EATH?
The The icion te ha	shaws	ERTI	21a. ACCIDENT WAS UNDER	VINC 🗆	21b. TIME OF INJURY		Tale HOW INTURY OCC	YES NO			
AN: AN: ohys	E 8		OR CONTRIBUTING CAL		HOUR A.M. MONTH	DAY YEAR	THE HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART 1 OR PART 2}	
SICI cert		CA	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P.M.	19					
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o ho oched	If Hen		22b. SIGNATURE	1	2 40	e Was	DEGREE			224. DATE SIGN	ED
Y the XAL D detac	T. If		Tober	to	Non		M D ATTENDING	MEDICAL S	SICIAN	7/5/	DC
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25 5 42	s <u><</u>	23o. E	BURIAL, CREMATION, RE	MOVAL 2	3b. DATE	230 NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION	v	COUNTY	STATE
BP		Cz	emation	3	9/5/86	Loudon	Park Cem.	Roll +imo	200 M	aryland	STATE
DHMH - 16 6	OM 7/84		JNERAL DIRECTOR	1,20	400	5695 Ma		DATE REC'A BY REGISTR	AR 256 REGIST	RAR'S SIGNATURE	
(VRA 15		Ga	ry L. Kaufm	an Fur	eral Home		e.21227	1 0 4 1000	fulla de	known-Kand	

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STATE OF MARYLAND

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ADDR 1050 York Road

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

	- 1				STATE OF MARYLAI	MD		
00-183	4 4	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND M CERTIFICATE OF DI		9 0	2 4 5 1 8
		DEC	EASED NAME FIRST	MIDDLE	LAST		REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
0 m c			OR PRINT)	- 11	Colomn	1	9	1786 835m
moy be poge 3	1	. SEX	E11	a. M.	COleman 15. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
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to to	Ch	1	-la Dama	U.3H		ORCED 🔀	Da Himore	Courty MD.
1 4 4 A	1	0 CII	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTI	ITUTION	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY
by the	OL	KI	indallstown	Meridian	Nursing Cen	ter	Unemployed	
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rthin thin 2 sh	1	4 FA	THER'S NAME			MAIDEN NAM		
A Man	F		A SUSPENIE	MIDDLE JAST	Kan Fli-	FIRST holl	MIDDLE	LAST
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21200 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21200 DIVISION. ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the oriticate physician ond completely filled in bother this certificate has been signed by the ottending physician and completely filled in bother than certificate prior to buriol, cremation, or removal. Ith and Mental Hygiene prior to buriol, cremation, or removal. orked or flem 18 shows only injury, or other troumotic event, the medical examiner must be an experiment of the control of the control or the control		z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
ow red ow red prior t		CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFOR	RMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
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VITAL N: The ysicion cote h consit p Hygier B show		E	710. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	21, HOW IN I	HIDY OCCUPE	YES NOTIFE OF INJURY IN ITEM	YES NO
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TTEN putol TOR for us of He			sow the deceased alive on obove, (I) (we) talk) (did no	ot) view the body ofter depth.	19_86_, and that in (my) ((our) opinion d	eoth occurred on the date and i	hour and from the couses stated
OR A borbed Dept.			22b. SIGNATUM	00	DEGREE	1	1	22c. DATE SIGNED
the Date of the Da			()	ludes Du		TTENDING PHYSICIA	MEDICAL STAFF DIRECTOR PHYSICIAN	19/17/26
HOSPITAL ned by th FUNERAL uid be deti the State	-		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		100	
	71		C laudin	(PUIN	10218	7.05	SHIDO KD. A.	we wells sait
of of Shoot		23a B	URIAL CREMATION, REMOVAL		23c. NAME OF CEMETERY OR C	REMATORY	73d LOCATION	2 10 2 2 10
DD.			Burial		(ing Memorial Park		Randallstown	COUNTY
BP	1	74 F11	NERAL DIRECTOR	3/22/00	THIS ICHOITAT TAIK		REC'D. BY REGISTRAR 25b. REG	
DHMH - 16 50M 4/83			NAME	ADDR	ESS	SF	0 4 0 4000	Dandon-1-1-1
(VRA 15, 4)	L	IV	arch Funeral Home	West 4300 Wabash	Avenue	OL	1 0 1300	

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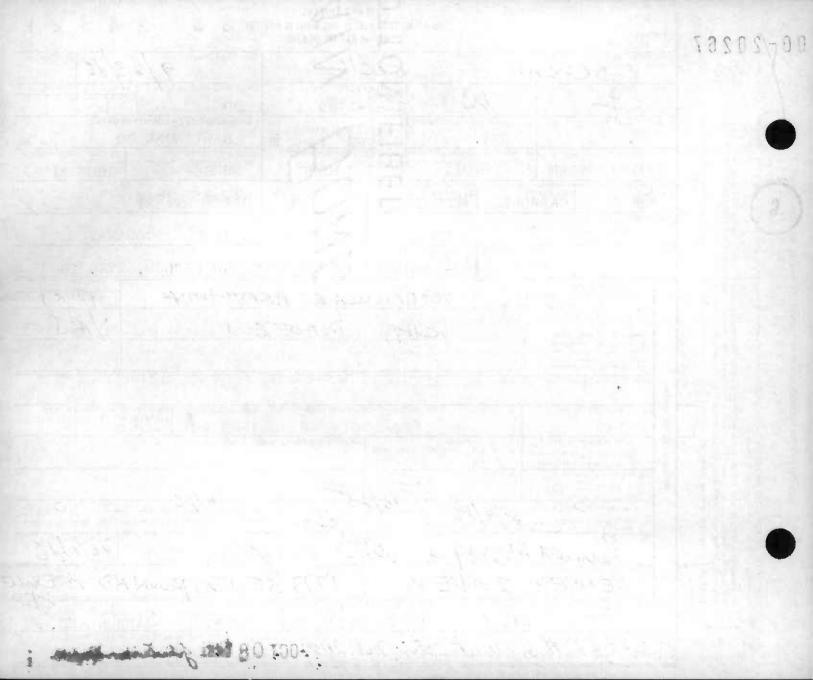
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1	pe 4 may b sclor, page scher dea		1. SE)	9	4. RACE	s N	5. DATE C 12-3	F BIRTH	6. AGE (IN YEARS LAST BIRTHDA) 90 YRS.	M IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	death Pos werol dis	83		RTHPLACE (STATE OR FOREIGN OUNTRY)	USA		WIDOWE		BALTIMORE (114) OR COUNTY BALTIMORE (CO MD.
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G CAND	or 74	35	13a. S	TATE	INTY RROLL	13c. CITY OR TOW WESTMIN	N	13d. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NAM	130.STREET ADDRESS / ZIP CODE GREEN STREET	2/157
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LTIMOR	be exection and or Poges	2	100	ES, NO OR UNKNOWN) (IF YES, G	IONE	220-26-0	784	JAMES COC		
N ST., BA	ding physical arbonogo	fic event,		PART I. DEATH WAS CAUS	ATE CAUSE (a)	VEN	TRICI	ILAR AR	RYTHMIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TOUR C
I W. PRESTO	hat the death by the attent ose remaye of L. cremation	other troums		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	DR AS A CONSEQUE	7)	PIABER		YR3 -
CORDS, 20	een signed of Then pla	ny injury, o	ATION	PART 2. OTHER SIGNIFICANT				NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110
ITAL REC	L. The lay sicion. are has b most perm	ghow a	CERTIFICAT	270. ACCIDENT WAS UNDERLYING			OI EKANO		IN CERTIF	YING CAUSES OF DEATH?
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DIVIS	Country of Africa of the state	s morked	W	WHILE NOT WHILE 220 I certify that (1) (this has		he decrased from_	ARM ETC)	STREET , 19	_, to	19, tho (we) last
	t OR ATTEN t DIRECTOR soched for a Deat of H	# hem 21		sow the deceased alive a above, (V (we) (did) (did) 27b. SIGNATURE	0 0 1	19_		ATTENDING _	MEDICAL STAFF	22c. DATE SIGNED
	D HOSPITAL trained by 1 O FUNERAL hoold be der	MPORTANT		226 PHYSICIAN'S NAME (TYPE	OR PRINTI	NIES	,	PHYSICIAN 222e. ADDRESS	EISTENSTOWN	RD PICTULE
	BP	-	(urial, cremation, remova ^{SPEC#Y)} BURIAL	236. DATE 9/26/		VAME OF C	METHODIST	The same of the same same products	COUNTY RROLI, MD.
	DHMH - 16 60A (VRA 15, 4		T.	bert Kyl Pritts	h. w.	estmente	i; m	D. 21157 OCT	e rec'd, ey registrar 256, regist	RAR'S SIGNATURE

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	1,	FOR STATE		DEP		E OF MARYLAND BEALTH AND MENTAL HY	GIENE 8 6	2	4 5	22
18832		REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO		
nay be page 3 6 2		CEASED NAME FIRS	ELEANOR	L.	~	AST COOK	20 DATE OF DEATH	09 19	Y YEAR	5.12 Au
4 may far. par ofter d	3. SE	×	4. RACE		5. DATE O	1 DAY YEAR	6. AGE (IN YEARS LAST		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Page direct		RTHPLACE (STATE OR FOREIGN		F WHAT COUN	O 7		68 9 BALTIMORE CITY	OR COUNTY C	F DEATH	
deoth deoth		MD	USA		WIDOWE	42	BALIIMO			MD.
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be fill	₩5U.	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION			1 13d INSIDE CITY LIMITS?	Sup. Sr. Cit		Balto.	<u>City</u> 21131
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mpletek within		orge	MIDDLE B.	I oh	muller	15 MOTHER'S MAIDEN N. FIRST Bertie	AME		MD	
col col	16a V	VAS DECEASED EVER IN U.		166 SOCIAL	SECURITY NO.	17 INFORMANT	ADD	RESS	Reite	ŗ
riticate be exemply section and no physician and no payal. rent, the medi	No	TES. NO ON ONNIOWNY	LS. OIVE WAR OR DAILS?	218-	07-4700	Carol E. S	tewart -403	Centra	1 Ave.	21204
requires that the signed by the . Then please rem or to burial, cremory, an ather the	NOI	gove rise to immediate cause (a), stating the underlying cause loss PART 2 OTHER SIGNIFICA	DUE TO, (c)_	OR AS A CONS	•	NOT RELATED TO THE TER	MINAL DISEASE OR CC	NDITION GIVER	N IN PART 110	
hos be hos be primite ene prime	CERTIFICATION	190 DATE OF OPERATION		DITION FOR W	/HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDIN NG CAUSES	
phys phys phys diffico liftror fol Hy		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	DE DE ATH HOUR	OF INJURY A.M. MONTH P.M.	H DAY YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	TIORPART 2)	
ING PHYSIC r attending After this cer as the buric Ith and Men rarked or the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACI	E OF INJURY	OFFICE FARM ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
TEND or use or use of Hea		22a. I certify that (I) (this	C (1019.	0/	nd that in (my) (our) opinion	, to	dote and hour o		that (1) (we) last couses stated
ALOR ATT the hospit tal DIRECTO detached for one Dept of UT: If hem 23		776 SIGNATURE	litth	a		DEGREE ATTENDING PHYSICIAN		AFF ICIAN []	22c DATES	SIGNED
TO HOSPITAL C retained by the TO FUNERAL D should be detect with the State D		M. Alitehe				22e ADDRESS		27 100		
or or short	23o E	URIAL, CREMATION, REMO			23c. NAME OF C	EMETERY OR CREMATORY				
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DHMH - 16 60M 7/84		INERAL DIRECTOR		AQD	RESS	-0-1111001	TE REC'D. BY REGISTRA			JRE
(VRA 15, 4)	Ku	ck Towson Fun	eral Home	e, Inc.	Towson	,Md.21204	SEP 23 1986	1	· , was \$500	

Act of John MI william to

		STATE OF MARYLAND	
719816	1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO. 2 4 5 2 3
0.040	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE LAST	26 DATE OF DEATH MONTH DAY YEAR 25 HOUR
page r deat	Stanley 3. SEX 14. RACE	Pease Cook 15. DATE OF BIRTH	9-30-1986 1-PA
ctor.		MONTH DAY YEAR 3 - 13 - 1907	79 YRS MONTHS DAYS HOURS MIN.
h. Pog		NOF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
deat funer thin Z	Springfield, Mass. U.S.	. A. WIDOWED DIVORCED E OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	Baltimore County 126 USUAL OCCUPATION 126 KIND OF BUSINESS OF
D 40 45	(IF NOT	in such facility, give street address) imore County General Hospital	(Type of Work for MOST Of WORKING LIFE) INDUSTRY Metal Care- Koopers Company
d be fi	13a. STATE 13b COUNTY	UTION. GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE
	Maryland Baltimore	Woodlawn YES NO wax	6513 Kriel Street, 21207
1 1080	14. FATHER'S NAME FIRST Robert Hendrick	s Cook 15 MOTHER'S MAIDEN NA	middle Last Pease
n and car Pages 1	160 WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OR UNKNOWN) YES	TES? 166. SOCIAL SECURITY NO. 17 INFORMANT Mrs. Sarah Hi	uber, 6513 Kriel Street ryland 21207
equires that the death certific in signed by the attending ph Then please remave carban or raburial, cremation, or rema injury, or other traumatic even	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITION	TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF C) NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	ADA SINC AN USANS AN
on. has bee t permit. ene prior	TO DATE OF OPERATION 196. C	ondition for which operation was performed	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
PHYSICIAN: TI ending physicia this certificate the burial-transitial Amental Hygi d or Item-AB sh	OR CONTRIBUTING CAUSE OF OCCUR	ME OF INJURY JR A.M. MONTH DAY YEAR P.M. 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ke a to a		LACE OF INJURY ME STREET, FACTORY, OFFICE, FARM, ETC.] 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
OR ATTENDIN e haspital ar DIRECTOR: Afi subed for use a Dept. of Health f them 21 is man	22a.1 certify that (1) (this hospital) attends sow the deceased alive an above, (1) (we) (did) (did not) view the 22b. SIGNATURE	body ofter death. 19 56 ond that in (my) (our) opinion DEGREE	, to 9-30, 19 56, that (I) (we) lo death occurred on the date and hour and from the causes stated 22c. DATE SIGNED
MAL by the State State	22d. PHYSICIAN'S NAME (TYPE OF PRINT)	ALLE M. P. ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN P 9/30/86
TO HOSP etained TO FUNE should be with the	Allan J. Chin		
BP	230. BURIAL, CREMATION, REMOVAL 236. DA 10/0	123. NAME OF CEMETERY OR CREMATORY D2/86 Loudon Park Cemetery	23d LOCATION Baltimore Md. State
DHMH - 16 60M 7/84 (VRA 15, 4)	N FUNERAL DIRECTOR Loring Byers Funeral 8728 Inberty Road, Ro	Directors Inc.	TE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE

henner A. Lucky Inc. 5005 thripped kind

injury, or other troumotic event, the medica

marked or Item-18 shows any

IMPORTANT: If them 21 is

FOR - STATE

STATE OF MARYLAND

Mitchell-Wiedefeld Home 6500 York Road 21212

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6	2	4	3	2	5
REG. NO.		3 10			

REGISTRAR				CEKIII	ICATE OF DEATH	REG. NO	D.		
1. DECEASED NAME	FIRST	MIC	DDLE	L	AST	2a. DATE OF DEATH		Y YEAR	2b HOUR
(TYPE OR PRINT)	EUPHEMIA	JANE'	T	COOPE	SR .	9-26	-86		M
3. SEX	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
Female	100	White		MONI	-3-10 YEAR	76	YRS	NIHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF W	HAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY O		FDEATH	
New York		U.S.	Α.	MARRIE	VV	Baltimo	re Cou	nty	MD.
10. CITY OR TOWN OF	DEATH 11		OSPITAL, NURSING		OR OTHER INSTITUTION	12a. USUAL OCCUPATION		126 KIND O	F BUSINESS OR
Baltimore	_	16	6 Dumbar	ton F	load	Exec. Secr			si Co.
USUAL RESIDENCE (IF 130 STATE Maryland	13b. COUNTY		IVE RESIDENCE BEFORE A 3c. CITY OR TOWN Baltime	1	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	n Road	1 21 21 2
FATHER'S NAME FIRST Allan	Wil	DDLE	Anders	on	15. MOTHER'S MAIDEN NAME of the state of the	WIDDLE		LAS	51
160 WAS DECEASED EN			66 SOCIAL SECUR		17 INFORMANT	ADDRE	SS		
(YES, NO OR UNKNOWN	(IF YES, GIVE V	VAR OR DATES)	213-10-8	776	T. Potthast Jr	. 608 Balti	more A	ve. 21	204
18 CAUSE OF DE PART I. DEATI	ATH (Enter only H WAS CAUSED IMMEDIATE		ne for 101, (b), and	ungi	nelosis	AND CH		APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
	immediate ating the use last.	DUE TO, OR A	AS A CONSEQUEN	NCE OF	NOT RELATED TO THE TERM	IN GREASE OR CONI	91	IN PART 11	17.S.
NO TAIL OF OPE	RATION	19b. CONDITI	ON FOR WHICH C	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES		NGS USED OF DEATH?
	CAUSE OF DEATH	21b. TIME OF HOUR A.M. P.M.	MONTH DAY	Y YEAR	2) c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
OR CONTRIBUTING (IF EITHER NOTIFY) 21d INJURY OCC WHILE NO AT WORK AT	URRED	21e. PLACE OF (AT HOME, STREE	F INJURY T, FACTORY, OFFICE, FAI	RM, ETC)	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
above, (۱) سنهٔ	(I) (this bespital eased alive an e) (did) (did ot)	Sept 2	5/2 19/	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nd that in (my) (au) apinian	death accurred on the	, 19 ite and havi a	nd fram the	that (I) (we) last causes stated
226. SIGNATURE	evin	Dun	N	Mi		MEDICAL STAF		22c DATE 9/5	SIGNED
22d. PHYSICIAN Ke	vin Quin				22e. ADDRESS 1205 Yo	ork Road 210	93	"	// 50
23a. BURIAL, CREMATIC Burial	ON, REMOVAL	23b. DATE 9-30-			emetery or crematory nore National	23d LOCATION Baltimor	e	COUNTY	Maryland
24 FUNERAL DIRECTOL	,				1250 DAT	E PECID BY DECISTRAD		D'C CICNIAT	LIDE

SEP 2 9 1986

DHMH - 16 60M 7/B4 (VRA 15, 4)

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	S	THIN 24		Canditians, if	any, which											N. J.		
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	3	SASE NO	1	cause (a) statin		DUE TO, OR	AS A CONS	EQUENCE O	F									
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	EXXXXX		lying cause last	-													
	S	BE DECLI INDING" II MEDICAL E AS A BURIL ALTH AND CREMATIO		DANCE OF THE CONTROL	\	(c)												
	5	823844	1	PART 2 OTHER SIGNIFICAL	HI CONDITIONS CONTRI	RUTING TO DEATH I	BUT HOT RELATE	D TO THE TERMIN	AL DISEASE	OR CONDITION	N GIVEH IH PAR	RT 1 la .						
	8	AS A ALTH	18															
	E E	L CAR	CERTIFICATION	190. DATE OF OPER	ATION	Tigh CONDIT	ION FOR W	HICH OPERA	TION WA	S PERFOR	MED?					2D AUT	CORSY2	
	4	SHOULD ORD "PE CHIEF E USED T OF HE URIAL,	15													20 AUT	OF31:	
	É	XX255	1 2			1000										YES	K	NO 🗌
	II.	ATE WENTER	3 8	21a. EXTERNAL CAU	JSE WAS	216. TIME OF			21c HO	W INJURY	OCCURRED	D (ENTER NAT	TURE OF INJU	RY IN ITEM 18 P	ART I OR PAR	RT 2)		
	9	SHEER !			OR		MONTH	DAY YEAR										
	ō	SA HOUSE	0	CONTRIBUTING				19										
	SIS	CERTIFICATE SHOULD SITING THE WORD "PE EDED TO THE CHIEF AS 3 SHOULD BE USED EDEPARTMENT OF HE DI PRIOR TO BURIAL,	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE C	OF INJURY ORY, FARM, ETC	(AT HOME,	21f. LOC	ATION								
	5	WRITIN WRITIN ARDED AGE 3 S ATE DEP	2	WHILE NOT	WHILE	JIREET, FACT	ORI, FARM, EIC	.)	310	REET			CITY OR TOW	N	COL	UNTY		STATE
		- 34.00		AT WORK AT V	WORK								-					
		D. S. L.		220. I certify that	I took charge of th	ne remains des	ribed abave	held an	Autopsy	X	Inspection	, [].	Inquiry [and	d in my ap	inian		
		NO DES					5								,			
		MER DES	1	death resulted from	m: Natural cau	ises E	Accident L	, Suic	ide 🔲,	Homic	ide L	Undeterr	mined man	ner [,				
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		DERE BE	1				7		7.1.2	-			AL LAAMIII	ALK	SIGNE			
		85.450X	1	EXAMINER'S NAME	Willia	ım M. Za	ane. M	I.D.		1	11 Pe	nn St	. Ba	alto.N	ID.			
		TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO ENURGAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 3		(TYPE OR PRINT)					A	DDRESS_								
		5225548 	23a.B	URIAN CREMATION,	REMOVAL 236 DA	TE	23c. N/	ME OF CEM	ETERY OR	CREMATO	ORY	23d. LOC.	ATION		COUN	ITV		
	07.0	DD.	1	() unia	1. 113	-1-86	5 11	alu 1	100	2000	الما	CITYOR	0 1-7	2	COUN		non	IE.
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		DHMH - 17	17.1	NAME A	, 0	ADDRESS	/	0' 11	,	11	ZJU. DATE KI	ECD. BTRI	LOISTRAR	Zan REGIS	DIRAK S SI	ALLE CONTRACTOR	Lette	
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00-15813 1- FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2452

AUG 20 1986

		REGISTRAR				CENT	TICATE OF DEATH	REG. N	O.		
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH		YEAR	2b HOUR
	(1116	MA	RION			COX		August 1	8, 1986		
	3 SEX		4.	RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UN	NDER I YEAR	IF UNDER 24 HRS
		Male		White		Feb		90	YRS	DATS	NOUKS MIN
1		CTHPLACE (STATE OR FO	PREIGN 7	CITIZEN OF	WHAT COUN	TRY? 8	IED NEVER MARRIED	9 BALTIMORE CITY C			
6		ryland		U.	S.A.	WIDOV		Baltimo	re Count	ty,	м
3/1		TY OR TOWN OF DEAT	TH 1	LIE NOT IN SUI	CH FACILITY GIVE	TREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		26 KIND O	OF BUSINESS O
		timore	1000	41 M	urray F	Hill Ci		Retired-App			Estate
	USUA 130 S	L RESIDENCE HE NURSIN	NG HOME OR O		136 CITY OR		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
		ryland	Balti	more	Baltim	ore	YES NO X	41 Murray	Hill C	ircle	21212
2	14 FA	THER'S NAME	MI	DDIE	LASI		15. MOTHER'S MAIDEN NA	MIDDLE		LAS	57
1		George			Co	ζ	Margaret				sey
1		AS DECEASED EVER IN		ED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRI	ESS	-	
1	No				216-3	2-7459	L. Mildred	Cox - same	as #13e		
ı		18 CAUSE OF DEATH	Enter only	one couse pe	r line for 101, (b	o, and ic	er la .	I Wiener		BETWEEN	IMATE INTERVAL ONSET AND DEAT
		PART I. DEATH WA	MMEDIATE		HUI	TE N	MOCARM AT	INFAR	NOIX		
				DUE TO, C	R AS A CONS	EQUENCE DE	ni norn	U DITHE	01.		
		Conditions, if ony,		((b)_	(0	IN OIL	HLY MUHU	11/20-13	80		
		gave rise to imme couse (a), stating	the	DUE TO. C	R AS A CONS	EQUENCE OF		1			
		underlying couse	lost	((c)_							
	7	PART 2 OTHER SIGNI	IFICANTCO	NDITIONS C	ONTRIBUTING	TO DEATH BU	IT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	N PART 1	0
	CERTIFICATION	A SAME OF COSTATI		10. 60.40	TION FOR IN	U.S. COSO II	0	Las ANTORCES	Tan it its iii		
9	FICA	19a. DATE OF OPERATI	ON	196. COND	IIION FOR W	HICH OPERAL	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI	G CAUSES	
4	RTI	AL ACCIDENT WAS UNDER		21b. TIME C	OF INTHIBY		21. HOW MILLIPY OSSUE	YES NO	YES [NO 🗌
0	-	210. ACCIDENT WAS UNDE	-		M. MONTH	DAY YEA	21c. HOW INJURY OCCUR	(KED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	ORPART ?)	
/	ICA	(IF EITHER NOTIFY MEDICA	_		.M.	19					
1	MEDICAL	21d. INJURY OCCURRE			OF INJURY	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR IC	NWN	COUNTY	STATE
		AT WORK AT WORK	, U				11.	/	14	u	
		220.1 certify that (1) (l) oftended 1	deceosed for	CA-	19 0	p 10 1400.	10 19		that (I) (we) l
		sow the deceosed love, (1) (we) (di	d olive on d) (did no#	view the body	ofter death.	19_50	and that in (my) (aur) apinion	death accurred on the d	ote and hour and	d from the	causes stoted
		77h SCHATURE		11 /		A D	DEGREE	ALEBICA) CTA		22c DATE	SIGNED
		Mari	D U	LU	lewil	0		MEDICAL STA		0	18/8/
		22d. PHYSICIAN'S NA	ME (TYPE OR F	PRINT			22e ADDRESS				1
1		Marcio 1	M. Mer	nendez,	M.D.		5820 York 1	Road		1300	
-		URIAL, CREMATION, R	EMOVAL	23b. DATE		23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		MINTY	STATE
	Bu	rial		8-21-	86	Dulan	ey Valley	Cockeysvi	lle,	Balto	., Md

ADDRES 1050 York Road

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

all haven's - but made up a thirteen in

		- 1				STATE OF	MAKTLAND		63	20 14 24
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00-	-1933	3	1 -	DECISED	ouis Cranford	CERTIFICA	ATE OF DEATH	REG. NO		
		h	DEC	EASED NAME FIRST	MIDDLE	, U.L.			AONIH DAY YEAR	2b. HOUR
	oth o			OR PRINT)					1001	745
	poge 3			John		Pant	ord	-	1 18 8	ONDA
	mo . po		B. SEX		4. RACE	S. DATE OF B		6. AGE (IN YEARS LAST BIRTI		
	ctor s of		1	10/0	1 shila	MONTH	30 Ob	90		TOURS MIN.
	dire our	-	n BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		30 00	9 BALTIMORE CITY OF	YRS COUNTY OF DEATH	
	4 22	1		DUNTRY)	TO CHIZEN OF WHAT COOKING	MARRIED [NEVER MARRIED .	O	COOMITOTOLAM	
	deo deo	1		EORGIA	0.5.	WIDOWED	DIVORCED 🔀	DAHO.	Con	MD MD
	5 -13 CD	A	IO CIT	Y OR TOWN OF SEATH	 NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 		OTHER INSTITUTION	120 USUAL OCCUPATIO		OF BUSINESS OR
-1	8 3 6/		Ba	ltimore	Marine Care	2 Proc	seville !	Security	Guard Rai	lroad
12	4 1		USUA		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	21111			7.5.
BALTIMORE, MARYLAND 2	013 13	6	13a S1	ATE 136 COUN	130 CITY OR TOV	1 -		13e.STREET ADDRESS /	ZIP CODE	अ1330
Z			~	1d. BA	140. DAI		ES NO	6546 M	BINCKL	END RO
7	# 10 M	2	4. FA1	HER'S NAME	MIDDLE LAST	15	MOTHER'S MAIDEN NAM	MIDDLE		1.457
¥ ¥	D P(5)		U	OHN LOU!	IS CERNFOR	D DR.	Noer	BELL	116	1985
₩,	S Co	1	60 W	AS DECEASED EVER IN U.S. ARA		URITY NO. 17	INFORMANT	ADDRES	S HYD	ES, MD.
Q	ond oges	11	[1]	S, NO ORUNKNOWN) (IF YES, GIVE	WAR OR DATES)	1268/	min 100 6	1.1 5000	thines &	2000
É	rs. P	/ -	_	100	100001	1909/	ILUKED 20	HN JAKS	MYLESK	L. 2140 d
BA	ysic ppe yol.			18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	ly ane cause per line far (a), (b), a	nd (c)			BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
2	ph ph ph ph ph ph		- 1		E CAUSE (a) METAS	TATIC	COLON CA	ECHU OWN A		
Z	ding proportion					ENICE OF				
0	tend e co on, a			Conditions if any which	DUE TO, OR AS A CONSEQU	JENCE OF				
oc C	e otte			Canditians, if any, which gave rise to immediate	(b)					
W. PRESTON ST.,	by the			cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF				
201	tho d by eos			onderlying coose lost.	((c)					
, 5	gne en pl buri			PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN PART	lia
Q.	of the signature		ĕ							
DIVISION OF VITAL RECORDS,	been repried		CERTIFICATION	90 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION V	VAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
DK.	. Coo	71	띹					VES CO NOCO	IN CERTIFYING CAUS	
IA I	Sicior Sicior Parte hasit pygier ygier shov		2	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	12	I. HOW INJURY OCCURR	YES NOL	YES _	NO 🗆
>	ZAUGIE	- 6		OR CONTRIBUTING CAUSE OF DEAT	LIGUE A 44 MANITH C	AY YEAR	IL HOW WYORT OCCURR	TO LEWISK NATURE OF INJUR	TINTIEM TO PART TORPART.	11
ō		7	3	(IF EITHER NOTIFY MEDICAL EXAMINER)		19				
0	IG PHYSICIA ottending pl rer this certif is the burial-in ond Mental		MEDICAL	21d. INJURY OCCURRED	210 PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE,		F LOCATION STREET	CITY OR TOV	n county	STATE
<u>></u>	ond keds		2	WHILE NOT WHILE AT WORK	TAT HOME STREET, FACTORY, OFFICE,	PARM EIC)	311661			
<u> </u>	or attendant After this e as the balth and Amarkedan	20			tal) attended the deceased fram.	Seat	1 19 86	to_present	19	_, that (I) (we) last
	47 (1)			saw the deceased alive an		h	hat in (my) (aur) apınıan d	V		
	ATT PSP-1 SCT d fo d fo m 2			abave, (1) (we) (did) (did nat	view the bady after death.			som accorred an me ad		
	o d a d o			22b. SIGNATURE	,	DEC	REE	HEDICAL STAF	10	TE SIGNED
				Deviel & maico "	10 (covering/ see De	Bond N	PHYSICIAN A	MEDICAL STAF		20-80
	- 0 111 0 10 2	7		22d PHYSICIAN'S NAME (TYPE OF	256-359	1 20	e ADDRESS			
	O HOSPITAL etained by t TO FUNERAL should be dei with the State	/		To Ba	420.20					
	TO HOSPITA etained by TO FUNERA should be de with the Star	-		24. O	DUNG			Test too		
				JRIAL, CREMATION, REMOVAL	236 DATE 236	NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION	A COUNTY	ASTATE
	BP		Ch	REMATION	9-23:16 Kg	CEEN PROL	INT CREMATOR	13447	0.6184	MD.
	DHMH - 16 60M 7/8		24 FU	NERAL DIRECTOR	9705 BGLA	R RD.		REC'D. BY REGISTRAR		
	(VRA 15, 4)	7	0	in million	IX F. N. INC.	212	36 S	EPZ6 1986	الالالتيانا و معامو معه م	- Special
		-	-	~101,0111	J. 17. 170.					

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20	9888	1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE AFORCAL EXAMINED'S CEPTIFICATE OF DEPTH 0 2 4 3 2										9			
00-		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEXTH REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 120. DATE KNOWN MONTH DAY YEAR 126 HOUR													
	ш.: 20.5		E OR PRINT)				-	-			OF ESTI- DEATH MATED [2b. HOUR	
•	FECESSARY, PEASE JUERAL DIRECTOR. TOUR FILES. ATHIN 72 HOURS SRESTON STREET,	3. SE	([4]	LOUIS	5 DATE OF BIRTH		R.		BNEY NDER 1 YR. TIF (UNDER 24 H		MONTH	DAY YEAR	2d HOUR	
		N	Male	White	MONTH DAY		26 60 YRS			OURS MI		0-30	06 10 /		
		P6_8	RTHPLACE ISTAT		7b. CITIZEN OF WI		11	8			- 9 BALTIMORE CITY	9-30- OR COUNT		IPM M	
			Maryland	USA				WIDOW	IED X NEVER			Baltimore County		MD	
				Y OR TOWN OF DEATH		PITAL, NU	RSING HOME	, OR OTH	HER INSTITUTION		120 USUAL OCCUPATION (TYPE OF WOR		126 KIND OF BU		
	ELAY IS NO THE FL	Parkville			8354 Edgedale Rd.				FOR MOST OF WORKING LIFE) Disabled						
5	95500	USU/ 13a. S		13b COUN	OR OTHER INSTITUTION, GI		OR TOWN	(NC	113d. INSIDE CITY LI	IMITS? 13e	STREET ADDRESS			S R I N	
ST., BALTIMORE, MD. 2120]	- SAREE	1			timore		Parkville				8354 Edgedale Road		1, 21234		
		14. F/	ATHER'S NAME FIRST		MIDDLE		LAST		15 MOTHER'S MAIDEN NAME		IAME MIDDLE	MIDDLE		LAST	
			Louis			Dabney			Mary				Hartman		
		16a \	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		166. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS				D 1			
			Yes		WII		-18-58	13	Nadine	e Dabn	ney, 8354 Edg	edale			
	OURS VIB. O MIT. P		PART I DEAT	H WAS CAUSE	nly one couse per line DBY:								APPROXIMAT BETWEEN ONS	T AND DEATH	
2	HIN 24 H L IN ITEM R ALONG NSIT PER L HYGIEN EMOVAL		IMMEDIATE CAUSE (a) Valvular heart disease (aortic and mitral) (DUE TO, OR AS A CONSEQUENCE OF												
PRESTON ST			Conditions, if ony, which												
3	WINE WINE NTA			to immediate		AS A CON	NSE OUENCE ()F							
201 V	UID BE EXECUTED WITHIN 24 HOURS AFTER "PENDING" IN PENCIL IN ITEM 18. GIVE PAFE MEDICAL EXAMINER ALONG WITH FOR ED AS A BURIAL - TRANSIT PERMIT. PAGES 1 HEATH AND MENTAL HYGIENE, DIVISION AL, CREMATION, OR REMOVAL.		lying cause last.												
		1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).												
0000	AS A CREW	N O	Chronic respiratory distress due to polio myelitis												
	AL OF AL	CERTIFICATION	19a. DATE OF O	195 CONDI	CONDITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY	?			
1	SSE SE	RTIFI	710 EXTERNAL CAUSE WAS 1716. TIME OF IN JURY 1716 HOW IN ILLRY OCCURRED JENTER NATURE OF INJURY IN JEM IR PART LOR PART 2								YESXX	NO 🗆			
č	MEN HE WELL		UNDERLYING	protong	21b. TIME OF HOUR A.M		DAY YEAR		OW INJURY OC	CURRED (E	ENTER NATURE OF INJURY IN ITEM 16	B PART I OR PAR	RT 2)		
Š	A PER LONG	MEDICAL	CONTRIBUTING	CAUSE OF	DEATH P.M		19	216.10	CATION						
A TO MOSTA	SETIN SEEDED SEEDED SEEDED SEEDED	MEC	WHILE T	NOT WHILE		ORY, FARM, E			STREET		CITY OR TOWN	cou	NTY	STATE	
-	E S S S E C		AT WORK	ST WORK		1									
	NO SE		220 I certify that I took charge of the remains described above, held an Autopsy (X), Inspection (I), Inquiry (I), and in my opinion												
	AAMI RTIFI BECI TITH RYU		death resulted	Note Note	roi couner	Parident	7 0	icide 🔲	, Homicide		Indetermined monner				
	W.W.		ACTUAL /	0111	100	DIN	Mh,	MAG	TITLE (SPEC		MEDICAL EXAMINER	DATE	10-1-8	36	
	SE S		SIGNATURE_L	2000	1	1		ACACAMO	TO SEE STO	Care	MEDICAL EXAMINER	SIGNED	0_10_1		
	P. P		EXAMINER'S NA	ME Deni	nis F. Smy	th/	M.D.		ADDRESS1	.11 Pe	nn Street				
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFFER DEATH, WITH THE STABAITMORE, MARYLAND, 2	23a.B	URIAL, CREMATIC			23 c. 1	NAME OF CEA	AETERY C	R CREMATORY	2:	3d. LOCATION	COUN	TY S	TATE	
07/8	4 BP		Bur		10/4/86	Du	laney '	Valle			Cockeysville	THE RESERVE THE PERSON NAMED IN COLUMN TWO	**************	arylan	
25M	DHMH - 17		Hubbard Funeral Home, Inc., 4107 Wilkens Ave.												
	(VR A15 ME (5))	Hu	ibbard Fu	neral l	dome, Inc.	, 410	J/ Wilk	ens	Ave.	ST PLOT	- John A			î	

STATE OF MARYLAND

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17015	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	2 4	5 3 1	
11013		CEASED NAME FRUI		MIDDLE	L	AST	20. DATE OF DEATH MO	ONTH DAY YEAR	R 2b. HOUR	
ooth 3	11111		ARLOTTE	М.		DAVIS	September	12. 1986	600 A	
of of	1. SE	X	4. RACE	ACE		F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD		FUNDER 1 YEAR IF UNDER 24 HR	
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2 50 B	11	RIMPLACE EXTAIL OF FOREIGN	76 CITIZEN OF	76 CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY OR			
de fine		Maryland		U.S.A.		D DIVORCED		re County		
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1 1	13o. S	AL RESIDENCE (IF NURSING HOSTATE	OUNTY	13t. CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	IP CODE		
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1 10 m	1	Thomas	MIDDLE	Dail		FIRST	MIDDLE		izard	
and the same		VAS DECEASED EVER IN U.S	ARMED FORCES?	166. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRESS	3		
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quires that the capeal by the capeal by the capeal bear remained by the bursal, cremainty, at other the	NO	gave rise to immediat cause (a), stating th underlying cause last PART 2 OTHER SIGNIFICA	DUE TO, C	OR AS A CONSEQUE		NOT RELATED TO THE TERM	NINAL DISEASE OR CONDI	TION GIVEN IN PAR	Tira	
he low re or, to been to prior	AL CERTIFICATION	19a DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED SES OF DEATH?	
CLAN. T physical militaris del-troms trail hyg.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEFE, NOTIFY MEDICAL EXA	F DEATH HOUR	OF INJURY I.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	IN ITEM 18 PART I OR PART	2)	
G PHTS) offerding in this or ond Mer	MEDIC	21d. INJURY OCCURRED	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
ATTENDIN spital or CTOR, At for use a of Health		220.1 certify that (I) (this is sow the deceased alive above, (I) (we) aid (Id)	naspital) attended j		04	d that in (my) (our) apinian	to 9/12 death occurred on the date	and hour and from	the causes stated	
Y the har sale of the bar sale DIRE detached to the Depth of the Depth		276 SIGNATURE Color Color DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DOIRECTOR PHYSICIAN DIRECTOR PHYSICIAN								
O HOSPITAL O FLINERAL O FLINERAL Hould be de-		22d. PHYSICIAN'S NAME (William Wa	terfield	M.D.			Avenue, Balti	imore, MD.	21229	
BP	1	BURIAL, CREMATION, REMO BURIAL	9	115/86 La	ake Vi	emetery or crematory Lew Memorial 1		lle Carro		
DHMH - 16 60M 7/B4 (VRA 15, 4)	24. F	PERAGIRMITOR Ru	ssell C.	Witzke.Fu Catonsvil	neral le. MI	Homes P. 1250 DAT	FP 1 5 1986	b. REGISTRAR'S SIGN	VATURE	

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8		VAS DECEASED EVER IN U.S. A	MED FORCES? 166 SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRE	SS	
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novol. ent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (o), (b), and ED BY:	(C).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or ren		IMMEDIA			District Control			
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er trou		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUEN					Scart Ellering
r oth		underlying couse lost.	(c) Fecal Per		tis			
o buri	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DI	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVEN II	N PART TIO
ony in	CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE	RE FINDINGS USED
Sws Z	TIFIC					YES NOT	IN CERTIFYING	G CAUSES OF DEATH?
18 sh	CER	216. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)
tem tem	CAL	OR CONTRIBUTING CAUSE OF DE	AIR	19				
rkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY STATE
Heolt is mo		22a I certify that (#) (this hosp	ital) ottended the deceased from A	ugust	25 19.86	Septembe	r 8 . 19_	
1 of 1 of 1 of 1 of 1			September 8 19 19 19 19 19 19 19 19 19 19 19 19 19		d that in (my) (our) opinion o	deoth occurred on the do		
Dep If Iter		226. SIGNATURE	1		DEGREE ATTENDING	MEDICAL STAF		221. DATE SIGNED
TANT		22d PHYSICIAN'S NAME (TYPE			PHYSICIAN [DIRECTOR PHYSIC	IAN 🛛	8 86
IMPORTAN		Ioanna Gou	ni, M.D.		9000 Frankli	n Sq. Dr.,	21237	
5 > =	23c. E	SPECIFY)	0 - / / /		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	UNTY STATE
	74 F1	LIPTATION (03/ TT/00 MO	KELA	ND MEMORIAI	RATTO REC'D. BY REGISTRAR		LTO MD.
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STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

,	- STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO).		
	ECEASED NAME FIRST PE OR PRINT)	WIDDLE	LA	AST 6	20. DATE OF DEATH	MONTH OAY	YEAR	26. HOUR P
	Ellen	E_{\bullet}	Debo	augh	Sept. 11	, 1986	5	1:30 M
3. SE	X 4. R	RACE	5 DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
-	Female	White	June	30, 1917	69	YRS.	ITHS DAYS	HOURS MIN.
		CITIZEN OF WHAT COUNTRY?	8 AAADDIED	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF	DEATH	
C	atonsville, Md.	-U. S. A.	WIDOWE		Baltim	ore Co	ounty	/ , MD.
10.0	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN			17a USUAL OCCUPATION		126 KIND C	F BUSINESS OR
C	atonsville	145 Longuier	w Dri	ve	Saleslad	y	Bept	.Store
Ust 13a.	STATE Md. 13h COUNTY Balti	more Catons	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS /	zip CODE guiew	Driu	e-2122
14. F	ATHER'S NAME		115	15. MOTHER'S MAIDEN NA	ME			
	William Rog		n	Estelle	Gertru	de	Mart	in
	WAS DECEASED EVER IN U.S. ARMED	D FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT Cat	onsuil lacoge	ss Md.	212	
	(YES, NAPOUNKNOWN) (IF YES GIVE WA	220-05-	-5685	Henry A.	Debaugh-1	45 Lor	rgvie	w Driv
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	Y: Bruss		utares			APPROX BETWEEN	ONSET AND DEATH
1	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF	mes			-3	YRS
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF					
	PART 2 OTHER SIGNIFICANT CON	ADITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CONI	DITION GIVEN	IN PART 1	0
NO								
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W		
F					YES NO	YES [NO []
	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART ?}	
EDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO	wN	COUNTY	STATE

226. SIGNATURE

22a I certify that (1) (this hospital) attended the deceased from

DEGREE

ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN [PHYSICIAN

22c. DATE SIGNED

_, that (I) (we lost

23c NAME OF CEMETERY OR CREMATORY New Cathedral Cem.

22e ADDRESS

23d LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 9/15/86 Baltimore, Maryland 736 AEdmondson Avenue; Catonsville, Md. 21228. SEP 16 1986

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Item 21 is morked or

Ellen . V. Liebouch D. C. Sent. D. Sent Concie to marte with the sine of construction in the Language with the Committee of the property of the construction of 1 2 concept in Presser. 222 cc. Acres Two Sections in . . Ret . Extended her has but the

Parent .. mice, Inc. _ .. Times. Parental

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 2b HOUR THE OF HEALT Frank J. DeLuca September 16 1986 1: 5EX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR MONTH DAY YEAR Male Caucasian June 10 1915 BIRTHPLACE TATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED KEVER MARRIED Maryland Baltimore County USA WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Randallstown Baltimore County General Hospital Storekeeper C & P Telephone HURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Baltimore Woodlawn 6434 Dogwood Rd. 21207 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Adolph DeLuca Ethel Allen WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFOMMS Donnee DeLuca ADDRESS 21207 LIF YES, GIVE WAR OR DATES) 218-03-1870 6434 Dogwood Rd Yes Baltimore Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ici. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE to Canditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES IL NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET FACTORY, OFFICE FARM ETC) STREET NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (TEPPOR PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY Burial Lorraine Park Cemetery Woodlawn Baltimore Maryland 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 8728 Liberty Road Randallstown, Maryland 21133 والمالية الما ومع والمالية معدد مددد (VRA 15, 41

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STATE OF MARYLAND

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MA ed v	Jon D	1	1	Vincent			licolo		An	nna			DeCarol	is
ORE,	ond co	0010		AS DECEASED EVER			16b. SOCIAL SE	CURITY NO.	17. INFORMANT	7	ADDR			GL TITL
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× ×	No C	20		21a. ACCIDENT WAS UN		21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH DECEASED NAME **VEAR** 2b. HOUR LIYPE OR PRINT aria 3. SEX 4 RACE IF UNDER I YEAR DAYS 76 CITIZEN OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS O CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER NU RSIN Sand Convalscent Center FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANIDDLE uas UNKNOWN ILNKNO 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause parline for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE FARM ETC) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an. and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated obarn, (1) (setal d) (did not) view the body after death. 77h SHOMATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS FARFORD NO. 23 NAME OF CEMETERY THE BURIAL, CREMATION, REMOVAL DHMH - 16 50M 4/83 (VRA 15, 4)

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OR DIR		220. SIGNATURE	ul Car	100 / 1	DEG	ATTENDING	MEDICAL ST	AFF	220 DATESIG	NED
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rficate by physician papers. novol.		18. CAUSE OF DEAT PART I. DEATH W	H (Enter of	nly one couse per ED BY: TE CAUSE (0)	line for rol, the arcardio	-pulmo		Arrest				IMATE INTERVAL ONSET AND DEATH
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offendin iter this of sthe building the buil	MEDICAL	21d. INJURY OCCURS		21e. PLACE (AT HOME STO	REET, FACTORY, OFFICE,		211. LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
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y the hory the hord detoched to Dept. If then		226. SIGNATURE	etur	w 41. l	Vatt	M	10	ATTENDING PHYSICIAN [MEDICAL ST DIRECTOR PHYS	TAFF SICIAN	22c. DATE 9/16	2/86
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DHMH - 16 60M 7/84	24. FI	UNERAL DIRECTOR	7 .		***************************************			25a DAT	E REC'D. BY REGISTRA	AR 25b. REGIS	STRAR'S SIGNAT	URE

Charles S. Zeiler & Son Inc. 1901 S. Conkling St

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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Sc on a.		E THE PLANEY OCCUM	0000	DI DIACE	OF MINISY		THE LOCATIO	140	****				

CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on 9/28 19 19.86 opinion death occurred on the date and hour and from the causes stated

DEGREE 22c DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

WACLAW KAZIMIERCZAK, M.D.

VA MEDICAL CENTER, FT. HOWARD, MD. 21052

23c NAME OF CEMETERY OR CREMATORY BURIAL OCT.1,'86 PARKWOOD CEMETERY

BALTIMORE CO., MD

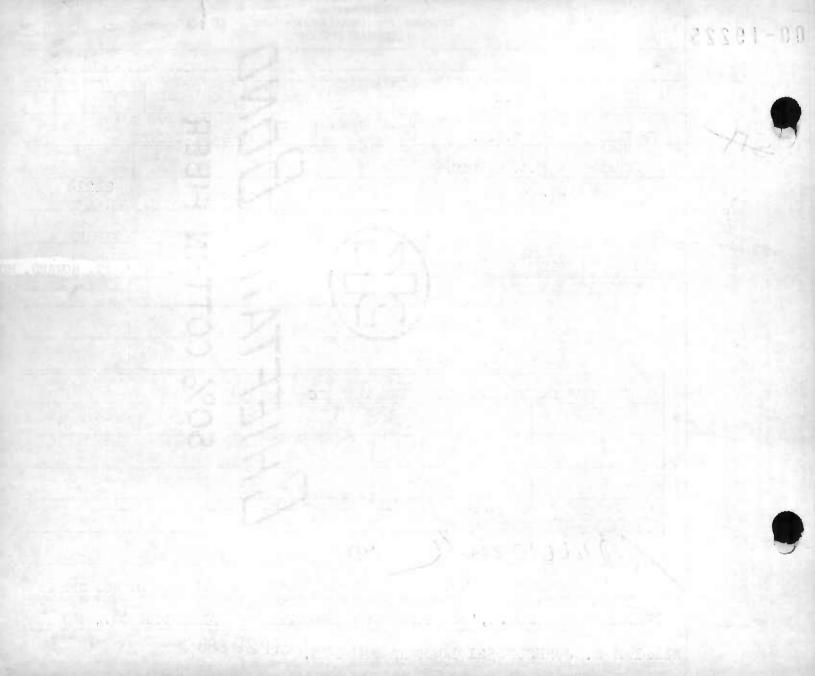
9-28-86

24 FUNERAL DIRECTOR

JOHNSON8521 LOCH RAVEN BLVD

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

231. NAME OF CEMETERY OR CREMATORY

Green Mount

DHMH - 16 60M 7/B4 (VRA 15, 4)

0

FOR

- STATE

Henry W. Jenkins & Sons CO., Balto., Md.

9-19-86

23b. DATE

23a. BURIAL, CREMATION, REMOVAL

Burial 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION

Balto.

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

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STATE

Md.

IF UNDER 1 YEAR

Hazlitt

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COUNTY

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE REGISTRAR REG NO 20 DATE KNOWN X DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED Harry G. Eben 17/19 86 3 SEX 4 RACE A AGE (IN YEARS | IF UNDER 1 YR 2c. DATE DATE OF BIRTH IF UNDER 24 HRS 6:25 LAST BIRTHDAY PRONOUNCED Male 14 White DEAD 7/19 86 PM BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED Baltimore County, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS Machinist-Md. dry Dock Co. Pine Ridge Golf Course Towson (woods BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Baltimore Maryland 8109 Glen Gery Rd. Balto. 2123/ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Henry George Eben Mary Augusta Hitchcock 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT TYES, NO. OR UNKNOWN) 213-01-0229 H. Eben 6003 Henderson Ave. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR SKECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 RECEA & SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITHOUT BE USED AS A BURIAL. PRANSIT PERMIT AFTER DEPART, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BAILLIMORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot Wound of Head IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO [210. EXTERNAL CAUSE WAS 71h TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING A OR HOUR A.M. MONTH DAY YEAR 9/ 17/19 86 CONTRIBUTING CAUSE OF DEATH P.M. self inflicted wound 2Te PLACE OF INJURY (AT HOME 7TE LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) woods Pine Ridge Golf Course. Towson, Balto.Co., Md. Autopsy X 270 I certify that I took charge of the remains described above, held an Inspection and in my apinian Suicide XX death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 9/18/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 23h DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Balto., Md. 9-22-86 Dulaney Valley Mem. Pk. Balto., 07/84 25M 7401 BELAIR BY DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** BALTO. 21236 FUNERAL HOME (VR A15 ME (5))

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tor. p	3. SE	* female	4 RACE	S. DATE OF BIRTY	1907 6. AGE	79		UNDER 24 HRS
ath. Pogneral directory	70-B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	MARRIED NEVER	A O RAI	TIMORE CITY OR CO		MD.
by the full with the first with the	10.0	TOWSON		NURSING HOME OR OTHER IN VESTREET ADDRESS) MARIS NUR	STITUTION 12a U	SUAL OCCUPATION DE WORK FOR MOST OF WORK	(ING LIFE) 12b. KIND OF BU	
filled in		AL RESIDENCE (IF NURSING HOME C STATE 136 COU BA	or other institution give residently 130. CITY C		CITY LIMITS? 130,ST	REET ADDRESS / ZIP	SODE VATIEN	OFIN
completely	14. F	ATHER'S NAME	EBERLIN	AST MA	R'S MAIDEN NAME	/ MIDDLE M	UICAHEY	
IMORI n ond Poges	16a		RMED FORCES? 166 SOCTA	12-3946 TOM	JEFKER	S 649R	COSSBURG-	CT
: 4 4 9 5 9		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		11 / 1 / 11	evlar Acciden	†	APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
ding orb		Conditions, if ony, which	DUE TO, OR AS A COM	ISEQUENCE OF				
		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	NSEQUENCE OF				
requires the rigned b Then pleo ar to burial, injury, or or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATE	ED TO THE TERMINAL D	ISEASE OR CONDITIO	N GIVEN IN PART 110	
At RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERF			IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES \(\bigcup \)	
VISION OF VITA G PHYSICIAN. The thrending physicion er this certificote the buriol-thosis and Mentiol-thosis and Mentiol-thosis wed or them 48 sho		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MON	TH DAY YEAR	INJURY OCCURRED (E	NTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
ASI The the ond ond	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 211 LOCAT STRE		CITY OR TOWN	COUNTY	STATE
TTEND pitol appropriate Transpirate of Heal			0177	19.86 , and that in (m	y) (our) opinion deoth o	ccurred on the date on	, 19 86 , that ad hour and from the caus	(I) (we) lost ses stoted
7 = 7 + 9 -		Carla A	alexan	de RO	PHYSICIAN DIRE	PICAL STAFF CTOR PHYSICIAN	27c. DATE SIG.	BG.
TO HOSPITAL TO FUNERAL should be dete			ex ander	220. ADDRE Ste	11a Maris			
BP		BURIAL, CREMATION, REMOVA	1 23h. DATE 9-27-86	NEW CATH	EDRAL V	BALTO	COUNTY	D'ATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	1	UNERAL DIRECTOR EPW	ARP J,	EDMOVDST		D BY REGISTRAR 256, RI	EGISTRAR'S SIGNATURE	(

STATE OF MARYLAND

						SIAII	UF MAKT	MIND	13 1	1	4 .3	40 1
260	1-	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HYO DEATH	GIENE 3 0	NO.	4 3	3
ī		EASED NAME	FIRST		MIDDLE	t.	AST		2a. DATE OF DEATH	нтиом	DAY YEAR 2b H	HOUR
	(TYPE)	OR PRINT)	RANCI	S	G. E	CKENE	RODE		12 13 13	09	02 86	AA
1	3. SEX		4.	RACE		5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR IF UN	NDER 24 HRS
51	-	MALE	010	WHIT	E	0 1	12	10 YEAR	76	YRS.	MONTHS DAYS HOU	RS MIN.
27		THPLACE (STATE OF	FOREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8. MARRIEI	₩ NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OFDEATH	
1	_	ryland		U.S.A.		WIDOWE	0 0	ONORCED [BALTIMO		UNTY	MD
-0		Y OR TOWN OF DE		(IF NOT IN SUC	HOSPITAL, NURS	T ADDRESS)		NOITUTITE	170 USUAL OCCUPA		12b. KIND OF BUS	SINESS OR
0		ALTIMORE			SEPH HO		\L		Foreman		Balto. C	ounty
	13a. S	RESIDENCE (# NUF TATE ryland	136 COUNT	Υ	13c. CITY OR TOY	WN	13d. INSIDE	CITY LIMITS?	13e.STREET ADDRES			04
		THER'S NAME						S MAIDEN NA	ME	2011 2100		0-1
0	Ch	arles	MI	DDLE	Eckenr	ode		Marv	MIDDLE E1	en	LAST Ke	11y
1	16a W	AS DECEASED EVE			16b. SOCIAL SEC		17. INFORM			RESS		
	No	ES. NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	216-03-	6347	Mary	T. Ecl	kenrode - s	same as	#13e	
Ī		18 CAUSE OF DEA	TH (Enter only	one couse Per	line for (D), (b), a	nd (c).)	_	11	. , ,	0	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
		PART I. DEATH \	IMMEDIATE			Cust	e/	1700	arara	1	HOL	us.
	No	Conditions, if on gove rise to imcouse (a), storiunderlying cous	imediate ing the e last.	(c)	R AS A CONSEQUE		NOT RELATE	D TO THE TERM	MINAL DISEASE OR CO	INDITION GIV	VEN IN PART 1(0)	
Z	CERTIFICATION	19a DATE OF OPERA	ATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDINGS (FYING CAUSES OF D	JSED EATH?
9		21a. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEATH	216. TIME C HOUR A.	M. MONTH	DAY YEAR	21c HOW	NJURY OCCUR	RED (ENTER NATURE OF IN			
	MEDICAL	21d INJURY OCCUP		21e PLACE (AT HOME, STI	OF INJURY	FARM, ETC)	211 LOCAT		CITY OR	TOWN	COUNTY	STATE
5	^	AT WORK AT W				.m			0			-311
		22a L certify that (I spw the decea above, (I) (we)				86.0	ad that in (m)) (our) opinion	deoth occurred on the	dote and hou	1002.	(I) (we) lost es stated
		226. SIGNATURE	GHI	ILAL)1, M	D.	DEGREE	ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN []	9-2-	86
NA I		22d PHYSICIAN'S N	IAME (TYPE ON	elle le	elen		7 ADDRE	00	DSLER	Dr.	Towso.	2/20
	23a. B	URIAL, CREMATION	, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OF	CREMATORY	23d LOCATION		COUNTY	STATE
	1:											
	Bu	rial NERAL DIRECTOR		9-5-86		Dulaney	Vall		Cockeys		Balto.,	Md.

0-1	7880	77	1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2 4	5 5 2
	A Cape			CEASED NAME OR PRINT)	ohn	A.	Ed.	elma	AST M	20. DATE OF DEATH	MONTH DAY YEAR	8 A M
	ge 4 mo		1.5E	Male	2/	A RACE	le	5. DATE O		6. AGE (IN YEARS LAST BIR	YRS. MONTHS DA	YS HOURS MIN.
•	deeth P	25	10	RTHPLACE (STATE OR FO		U	SA	WIDOWE		BALTIMO	RE COUNTY	MD.
ate	A	8	To	WSON, N	20	ST.	JOSEPI	ADDRESS)	HOSPITAN	120 USUAL OCCUPAT 11YPE OF WORK FOR MOST O INSPECTO	F WORKING LIFE INDUST	DOF BUSINESS OR RY INDUST
AND 21	n 24 hou falled in hobid b	彩	MA	RYLAND	3L COUN 212	TY	134. CITY OR TOW BALTIM	/N	YES X NO	13e STREET ADDRESS 1329 LIN	ZIP CODE	21239
MARYL	ed with mipletel and 26	200	4. FA	THER'S NAME FIRST JULIUS		AIDDLE	EDELMAI	N	15. MOTHER'S MAIDEN NA/ NETTIE	MIDDLE	THON	MPSON
IMORE,	n and ca	Tuedico!		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) YES		MED FORCES? WAR OR DATES!	166. SOCIAL SECU 220-07-1		MARY V. EDI	ELMAN 1329		VE.21239
RDS, 201 W. PRESTON S	equires that the death cen- signed by the attending Then please remarks corbio to bursal, cremation, or re-	ajury, or other traumatic e	NO	Conditions, if ony, gave rise to imme couse (a), stating underlying cause	which ediote the lost.	(b) DUE TO, C	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	dition given in part	Tio
TAL RECOI	Con. con. is hos been sit permit. grent prior	2 Jans	CERTIFICATION	190 DATE OF OPERATI				OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
IVISION OF VIT	G PHYSICIAN ottending physics for this certifical is the burief than and Meetal Hy	ked or Hem 18	MEDICAL CE	21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d INJURY OCCURRE K NOT WHILE K NOT WHILE	LUSE OF DEAT ALEXAMINER)	P 21e. PLACE	OF INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE, I	19	211 LOCATION STREET	CITY OR TO		
	OR ATTENDIN e hospitol or DIRECTOR, Al- ched for use o Dept. of Headth	Hem 21 is ma		22a I certify that (h) (sow the deceased above, (h) (we) (d) 27h. SIGNATURE	alive on.	9/1	de deceased from 19		d that in () (our) opinion on DEGREE		22c. DA	the causes stated
	O HOSPITAL. Provided by the O FUNERAL About the dete	MPORTANT	(THE PHYSICIAN'S NAME LETTE		PRINT)			ATTENDING PHYSICIAN [awson M	13/16 D2120g
	BP			URIAL, CREMATION, R BURIAL	EMOVAL	SEPT.			AND MEM. PA			MD
	DHMH - 16 60M (VRA 15, 4			LLTAM E.	JOHN	vson85	21 LOCH	RAVI	EN BLVD. 250 DAT	P 15 1986	256 REGISTRAR'S SIGN	ATURE A

TO AT 45 4 BM 444

FOR

REGISTRAR

- STATE

(VRA 15, 4)

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN Balltymore STATE Co. cand. 74 FUMERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE.

C. C. D. 1. 2. 1025 DHMH - 16 60M 7/84 Old Eastern Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b HOUR

12h KIND OF BUSINESS OR

27224

Same APPROXIMATE INTERVAL BETWEEN OMSET AND DEA

NO F

IF UNDER 24 HRS

1986

IF UNDER I YEAR

INDUSTRY

Steel

Aug.

- -

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

23b. DATE

9-27-86

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

7401 BelAIR Rd. BALTO. Mb. 21136

23c NAME OF CEMETERY OR CREMATORY

Parkwood Cemeterv

23d LOCATION

CITY OR TOWN

Baltimore, Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

YEAR

26 HOUR

Homemaking

NO [

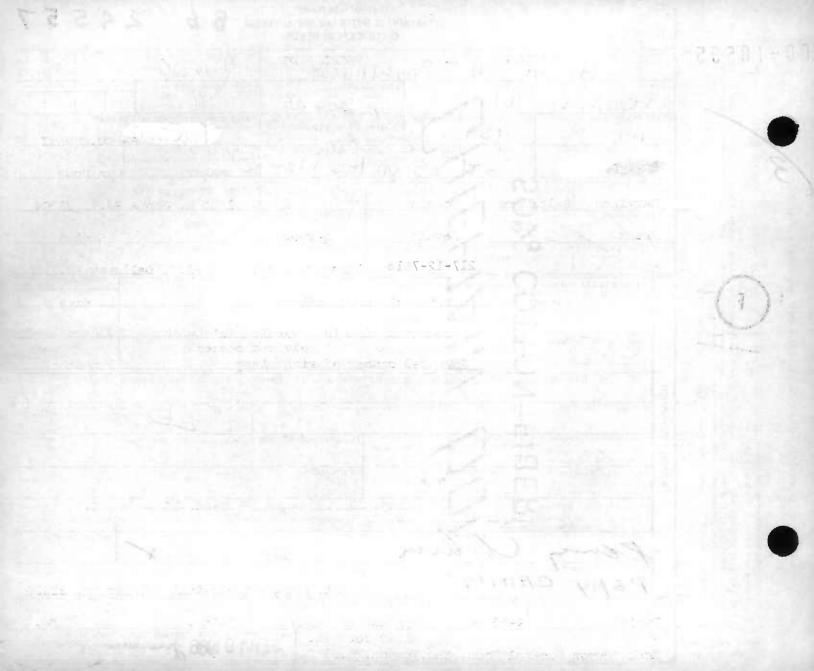
STATE

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MANUFACTOR BUTTON BUTTO

10505	L	FOR STATE REGISTRAR			DEPARTMENT OF H	EALTH AND MENTAL HYC ICATE OF DEATH	REG. N		45	57
10033		CEASED NAME E OR PRINT)	FIRST HILD	DA AMIDDIEA.	Engel	ENGELHARDT OF BIRTH	20 DATE OF DEATH	MONTH DAY		2b. HOUR IF UNDER 24 HRS
and and		femal.	2/1	White	MONTH	20-05	87	YRS.		HOURS MIN.
		IRTHPLACE (STATE OR COUNTRY)		USA	MARRIE		9 BALTIMORE CITY C		LTO.COI	UNTY MD
1148		Towson	34.15	(IF NOTE SUCH FACILITY	SIVE STREET ADDRESS)	HOS DILAN	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemaker	OF WORKING LIFE)	126 KIND OF INDUSTRY Own Hor	BUSINESS OR
24 hou	130.	ALRESIDENCE IF NUR STATE Maryland	ING HOME OR OTHER	13€. CITY	OR TOWN	13d. INSIDE CITY LIMITS? YES NO 3	13e.STREET ADDRESS		P.d.	21204
R/	14. F	ATHER'S NAME FIRST	MIDDL	Ε	uast vcik	IS MOTHER'S MAIDEN NA		ворра	LAST	
and con condicates	160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED	FORCES? 166. SOC	12-7616	17 INFORMANT	ADDRI		Stol	
The state of the s	F		AS CAUSED BY	e cause per line far (c	a), (b), and (c).)	Susan M. Eng	ernardt -15	07 Dell		ATE INTERVAL NSET AND DEATH
res that the dear cert med by the athiding splane reference of y, or other promotic e.		Conditions, if any gave rise to important to cause (a), status underlying cause	, which mediate ag the lost.	DUE TO, OR AS A CO (b) Per DUE TO, OR AS A CO (c) Adva	onsequence of forated signs source of canced canced	gmoid divert pelvic er of right	abcesses lung		20 days 2 days 3 mont	5
he for requirements for the form of the fo	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING NG CAUSES C	
SICIAN, To physical conflictors and from the state of the		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MOI P.M.	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	1 OR PART 2)	
offer that had a sheet the bod M	MEDICAL	WHILE NOT WE AT WORK	TILE	21e. PLACE OF INJUR 1 AT HOME, STREET, FACTOR	Y RY, OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
AL CR ATTENDE the housital or AL ORECTOR, A seniorized for use one Dept. of Health Tr. If hem 21 is mo.		220. I certify that (II saw the decease above, (I) (we) (I 22b. SIGNATURE	(this haspital) of ed alive an S did) (did not) vie	attended the decease ept. 16 w the bady after dea	19 <u>86</u> , as	nd that in (my) (our) opinion DEGREE ATTENDING	death accurred an the d	ate and havr a		
TO FUNER IN TO FUNER IN THE STORY		PEMY	CH	1+1M	122 1144		n's Hospital	l - Oslo	er Dr.	21204
BP	I	BURIAL, CREMATION, (SPECIFY) Burial		-20-86	Garden	emetery or crematory of Faith	Balto.		COUNTY	STATE Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME Ruck Towso	n Funera	al Home, I	ADDRESS 1050 C	TOTY M. CL	P 1 9 1986	25b. REGISTRA	R'S SIGNATUR	RE



1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	-	

2 4 3 5

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BARTIMORE, MARIEMAN 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificans are also within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending phy clarifier completing filled in by the cortain director page 3 should be detached for use as the burial-stransit permit. Then please remove carbanpours, Pager 1 and 2 should be filled when 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is morked on the 18 shown any injury, or other traumatic event, the medical evanieur most be abilled at over
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BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

		REGISTRAR						REG. NO	Э.		
ſ		CEASED NAME FIRST	1.7.	MIDDLE	1	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR P
	1	HELE		arriet	E	NGLE	IR		9-	16-86	6:40 M
1	3 SEX	P	4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
4		+ EMALE	Whi	te	12	- 25-18	90	95	YRS.		
1		RTHPLACE STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER MAR	RIED 🗆	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
Ц		aryland	U.S.	Α.	WIDOWE	the state of the s	-	BALTIM	OFE	COUN	MD.
1	10. CII	TY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUT	ION	12a USUAL OCCUPATI			F BUSINESS OR
4	11	UNSON	57.	10 SEP	HH	OSPIT	AU	teacher		sch	001
-	13a. S	AL RESIDENCE HE NURSING HOME OF		13c. CITY OR TOW		13d. INSIDE CITY L	IMITS?	13e.STREET ADDRESS			
			imore	Luthery	ille	YES X NO	_	Seminar	y Av	e./210	93
4	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MA FIRST	IDEN NAM	MIDDLE		LAS	aT .
4		Nathan		Engla		Clar	a	Euger	ia	Eng	glar
1		VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) IF YES, GIV	MED FORCES? (E WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT		3 7 N	r. Co	ourt P1	lace
١		No n	one	220-44-	2437	Thomas	F. S	tansfield	Wes		
1		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per DBY:	pro man of	- (1)	t	.0-		-	BETWEEN	MATE INTERVAL ONSET AND DEATH
1			TE CAUSE (o)	Cirtures	unia	ur cm	aro v	soman a	ses	u	
1			DUE TO, O	R AS A CONSEQUE	ENCE OF						
1		Conditions, if any, which gove rise to immediate	(b)_								
		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	ENCE OF					180	
4			(lc)						1.2	11	
4	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITIONGI	VEN IN PART 110	3
	CERTIFICATION	19g DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20h IF YE	S, WERE FINDIN	VGS LISED
4	FIC	IN DAIL OF OFERATION	IN COIND	morrok wilen	OI EKATIO	TO THE OWNER			IN CERT	IFYING CAUSES	OF DEATH?
4	ERT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	F INJURY		121c HOW INJUR	COCCURRE	YES NO L		PART OR PART 2)	NO []
		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR		· Occount	LD (ENIER NATIONE OF 11970	AT II TIEM TO	PART TORPART 27	
	MEDICAL	(IF EITHER, NOTHY MEDICAL EXAMINE)	P. 21e. PLACE	M. OF INTERV	19	21f LOCATION			1.00		
	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (this hospi	(a=1) estandad Ab			1	0			10	
		sow the deceased alive an		19	on	nd that in (my) (our		eath accurred on the de			that (I) (we) last
	40	obove, (I) (we) (did) (did no 22b. SIGNATURE	t) view the body	ofter death.		DEGREE				22c DATE	
		n.t. 11.1	Dide &	in ,	n . 19	ATTE	NDING _	MEDICAL STA	F X	9/	16/01
\dashv		22d. PHYSICIAN'S NAME LITTE	OR PRINT)	1.1	11/2	22e. ADDRESS		DIRECTOR PHYSIC	-	-//	-106
		NATIVIDAD	D. DE	LEON	,	C/0 ST. JO	SEPH	HOSPITAL,	TUWS	ON,MD.	21204
1		URIAL, CREMATION, REMOVAL	23b DATE	23()	NAME OF C	EMETERY OR CREA	AATORY	23d. LOCATION		COUNTY	STATE
	18	Burial	9/20	/86 P:	ipe C	reek Ce	mete	nearown nyNew Win	dear		_
	24 FU	INERAL DIRECTOR		ADDRESS			25a. DATE	REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	
		D. D. Hart	zler	New Win	dsor.	MD	SEL	1 9 1980	Commence of the contract of		4 15

D. Hartzler New Windsor, MD

Martin D. Lawson, 10 W. Padonia Rd.

FOR

1 - STATE

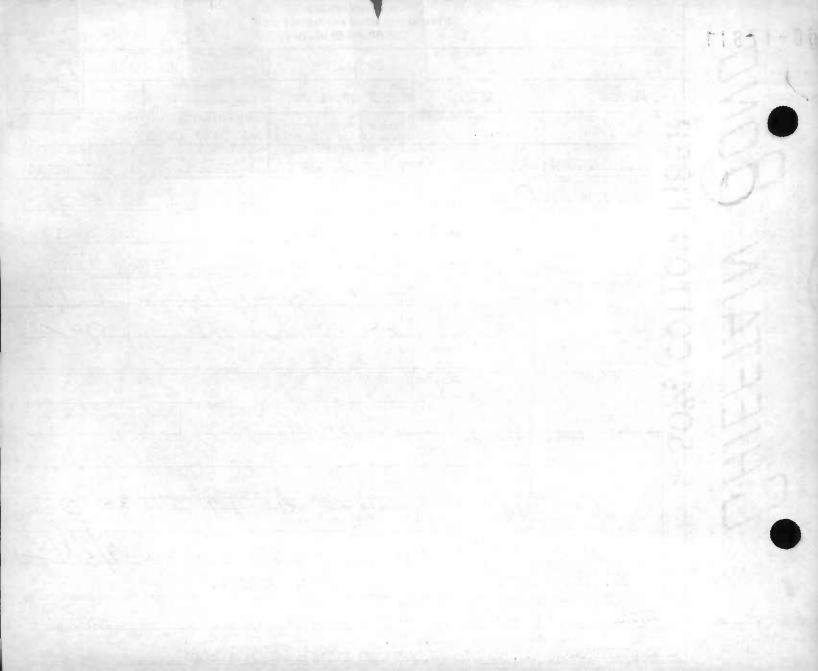
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		Section		

1761	1		FOR STATE REGISTRAR			MENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	REG.		2436
nay be poge 3			ORPRINT) FIRST ANN	AA N	DDLE		PSTEIN	20 DATE OF DEATH SEPTE	MBER 4	, 1986 26 HOURD
ge 4 mo	1	3 SE	FEMALE	CAUCAS	IAN	S. DATE O	F BIRTH Y 28°, 1904°	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR IF UNDER 24 HR
deoth. Po	6	7	RTHPLACE (STATE OR FOREIGN TOUNNEW YORK	76. CITIZEN OF W	• 12-2-2	WIDOWE		9 BALTIMORE CITY BALTIMORE	COUNTY	
ors often	10		TY OR TOWN OF DEATH RANDALLSTOWN	BALTIM	ORE COUN	NTY GE	ROTHER INSTITUTION NERAL HOSPITA	120 USUAL OCCUPA (TYPE OF WORK FOR MOS BOOKKEEP	T OF WORKING LIFE	126 KIND OF BUSINESS COUNTING
224 hours	16	13a. S		AL TIMOR	30. CITY OR TOW BALTI	MORE	13d. INSIDE CITY LIMITS?		S / ZIP CODE DALE TI	ERRACE 21208
completely	Se S	135	THER'S NAME UNKNOWN	MIDDLE	BOSKOW	VITZ	IS MOTHER'S MAIDEN N. ETTA	AME		RABINOWITZ
be execution and co	medical		VAS DECEASED EVER IN U.S. AR YES, NO UNKNOWN) (IF YES GIV	E MAR OR DATES	66 SOCIAL SECT 043-24-6		MRS. ROBERTA		LEAFYI	21208 DALE TERRACE
equires that the deo n signed by the atte Then please remave to burial, cremation		NOI	Canditions, if any, which gave rise to immediate couse (o), stofing the underlying couse last. PART 2 OTHER SIGNIFICANT ((c)	AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVI	S yus
The low rection. The low rection. The low rection.	67	CERTIFICATION	19s DATE OF OPERATION			OPERATION	WAS PERFORMED	78s AUTOPSY?	IN CERTIF	WERE FINDINGS USED VING CAUSES OF DEATHF
1AL OK ATTENDING PHYSICIAN. The hospital or attending physicial AL DIRECTOR: After this certificate detached for use as the buriol-transfore Die Deet of Heelth and Mennel House	tem 21 is morked.	MEDICAL CE	77a. ACCORTS WAS UNDERSTOOD DO DO CONTROLLING CONTROLL	214 PLACE O	FINJURY	19 148M ETCT	PEGREE	to 9/death occurred on the	dots and hour	COLLINITY STATE
	5		224 PHY DRAN SHOWARD	GARBER	-/-	voic	22+ ADDRESS		HUMA LI	1/3/5
TO HOSPITAL (retained by the TO FUNERAL Ishould be detained with the State E	MPORTAN		DR. HOWARD DR. MORTON	ELLIN			5310 OLD (COURT RD.		5/4



8			FOR 18a, Part		DEPARTMENT OF	HEALT	MAKYLAND	I HYCIENES .	479		
00-	20311		STATE 10/31/86 / REGISTRAR Med. Exam	Gbj	EDICAL EXAMI	NER'S		E OF DEATH	REG. NO.	J 6)
			CEASED NAME FIRST		MIDDLE		LAST	2a DATE KN	OWN MONTH		26 HOUR
	PLEASE ECTOR. FILES. HOURS STREET,	0.00	ARCA			CUMBIS		DEATH M	ATED 19-30-8	17	N
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	NY DELAY IS 4D 3 TO THE TAIN PACE ULD BE FILED CORDS, 201	В	altimore	St. Jos	SPITAL, NURSING HOMES FACILITY GIVE STREET ADDRESS SEPH S HOSP	ital	BER INSTITUTION	12a USUAL OCCUPAT		OR INDUST	USINESS TRY
. 21201	F ANY DEL A 1D 3 TO TAIN F TAIN F FLCORDS	13a. S	AL RESIDENCE (IF IN NURSING HOME OR TATE	OTHER INSTITUTION, (13t. CITY OR TOWN	SION)	13d. INSIDE CITY LIMIT	13 STREET ADDRESS	2. 20th	St o	21218
ORE, MD	P. S.	K	ATHER'S NAME FIRST SPITIOLOGY	MIDDLE FSCUI	m 6156		15. MOTHER'S MA	AIDEN NAME MIDDE	GRE	LAST	
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N ST.,			18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED I IMMEDIATE	BY:			epatore f liver	nal Syndro with rena		APPROXIMAT BETWEEN ONSI	ET AND DEATH
PRESTO	1		Canditions, if any, which		R AS A CONSEQUENCE	OF					
201 W.	LIED WILL EXAMIN TAL - TR ON, OR		couse (a) stating the <u>under</u> lying couse last.		R AS A CONSEQUENCE	OF					116
RECORDS,	UID BE EXECUTED "PENDING" IN BE EXECUTED FOR MEDICAL EXA SED AS A BUFINE F. HEALTH AND ME AL, CREMATION	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEAT	BUT NOT RELATED TO THE TER			N PART 1 (a).			
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DIVISI	INER: THIS CERTIFICATE SHOULD ICATE, WRITING THE WORD "PEI E ORWARDED TO THE CHIEF M. TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, CAND, 21201 PRIOR T	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION	CITY OR TOWN	COUN	iΤγ	STATE
•	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, BAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, S		22e. I certify that Floor charge of death resulted Hand. Natural ACTUAL SIGNATURE	[9]	// []	Autop	Hamicide TITLE (SPECIFY	Undetermined manne	DATE	10-1-8	6
	MEDICA ECUTE TI GE 4 SF FUNER TER DEA		EXAMINER'S NAME (TYPE OR PRINT)	ennis F.	Smyth, M.D		ADDRESS 11				U.
07/84	Bb 312	17	URIAL, CREMATION, REMOVAL 23b.	3/3/86	123c NAME OF CE		CREMATORY PA	23d LOCATION SITY OF TOWN DO	GWOOD COUNTY	Rd s	TATE
25M	DHMH - 17 (VR A15 ME (5))	24. Fl	NAME OCKS FUNE	PRALADORIS	lon E 13041	v.Cen	1250. DA	TE REC'D. BY REGISTRAR TO B 1986	Sh. REGISTRAR'S SIC	NATURE	>

		STATE OF MAKTLAND		
- 16971 1 - FOR STATE REGISTRA		RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		2 4 5 6
I. DECEASED N		Tast	REG. NO.	ONTH DAY YEAR 26 HOUR
		Euroca 1	28. DATE OF DEATH	2 5 51
(TYPE OR PRINT)	JOHN BERNARD	EVERSON		7 3 86 7-35P
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO	
4 off	ale hhite	MONTH DAY YEAR 21	1 1.4	MONTHS DAYS HOURS MIR
70. BIRTHPLACE	(STATE OR FOREIGN 76 CITIZEN OF WHAT COUNT		9. BALTIMORE CITY OR	YRS.
COUNTRY		MARRIED NEVER-MARRIED	0.	_ /!
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TANKE	BALT LEMORE	COUNTY GENERA	MALET	ORKING LIFE) INDUSTRY
USUAL RESIDEN	ICE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE B			1/1/2
130. STATE	136 COUNTY 13c CITY OR T	- W1	13e STREET ADDRESS / Z	
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M. FATHER'S NA		13. MOTHER'S MAIDEN NA	WIDDLE	LAST
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5 %	000 3 10/14	مارا المالاي والمالا	VSUI JUIN	SO MILLO, STORE
18 CAUSI	E OF DEATH (Enter only one cause per line for (a), (b)		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	IMMEDIATE CAUSE (a)	did Kestrixoby	arres	
nding or re or re	DUE TO OR AS A CONST	COURNER OF		
Condition	DUE TO, OR AS A CONSE	O M. A.	1 C+	roke !
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	a), stating the DUE TO, OR AS A CONSE	QUENCE OF		
or pt	(c)			
PART 2. C	THER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PART 110
8 ± 0 >7 E	OF OPERATION 19b. CONDITION FOR WH	IICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
hos be permented by some permeted by some	SI SI EKATION	TOTERATION WAS TERFORMED		N CERTIFYING CAUSES OF DEATH?
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OR CONTRI	BUTING CAUSE OF DEATH HOUR A.M. MONTH	19		
MEDICAL MED	RY OCCURRED 21e PLACE OF INJURY	21f LOCATION		
MA AME L	NOT WHILE [AT HOME, STREET, FACTORY, OFF		CITY OR TOWN	COUNTY STATE
Z a # 8 # 5	AT WORK		0	O/
Sal cert	ify that (1) (this haspital) attended the deceased fro	om 5 · 2 19 8), to 9 1 9	, 19, that (I) (we) lo
m 2 0 = sow	the deceased alive on	9, and that in (my) (aur) opinian	death accurred on the date	and hour and from the couses stated
ASECTO Programme Assection of the Assect	e, (1) (we) (and) (did not) view the body ofter death.	DEGREE		226. DATE SIGNED
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de d	MINEME COOP	PHYSICIAN [DIRECTOR PHYSICIA	NO 7. 9.00
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D € C € 3 ₹	EMATION, REMOVAL 23b. DAJE	23c. NAME OF CEMETERY OR CREMATORY	123d LOCATION	, -, -, -, -, -, -, -, -, -, -, -, -, -,
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BP	VEMATION 117186	VESTUIEN MEM. PORT	WITIMO	THE BATWAKE, I'M
DHMH - 16 60M 7/84	Jany Night	250. DAT	D A 400C	REGISTRAR'S SIGNATURE
(VRA 15, 4)	THE FINERN CHAR KOL	TECSTONIA POL. DE	P4 1986	

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				STATE OF MARYLAND		
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r. po	3. SE	X 4.	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
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0(170		TOWSON	STELLA (MARIS HOSPICE	TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR INDUSTRY
2 2		AL RESIDENCE (IF NURSING HOME OR OF TATE 13b. COUNTY	HER INSTITUTION GIVE RESIDENCE BEFO		13e STREET ADDRESS / ZIP CO	ODE 21231
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1 037	14. F	ATHER'S NAME FIRST MID	DLE	15. MOTHER'S MAIDEN NA	WE	LAST
	16a \	VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	JAUNDERS
and opposite the contract of t		YES, NO OR UNKNOWN) (IF YES, GIVE W		GEHT FAMIL	0	
e e pe	-	18 CALISE OF BEATH (Enter Follow	はるで		LY KECORO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rficote physic naval	37	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E		E MYOCARDIAL	INFARCT	BETWEEN ONSET AND DEATH
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signed hen plee to buria	Z	PART 2. OTHER SIGNIFICANT CO		O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
The state of the s	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	28a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
hos i	150			1	YES NOT	RTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
The state of the s	CERI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
34 前日		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR		
P No No	MEDICAL	21d. INJURY OCCURRED	THE PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
the state of	2	WHILE NOT WHILE AT WORK		T SME	/	STAIL
AD A A A A A A A A A A A A A A A A A A		22a.1 certify that (I) (this haspital			2, to 9/25	_, 19_86_, that (I) (we) last
E g g g g		sow the deceased alive on	9 25 1 19.	, and that in (my) (aur) apinion	death accurred on the date and	hour and from the causes stated
Die John Janes		22b. SIGNATURE	7	DEGREE		22c. DATE SIGNED
A The Color of the	44			ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	
HOSPITAL med by the FUNERAL Aid be det Aid be det	38	234 SHEERCTAN'S NAME THE OWN		22e ADDRESS	2300 DU	CANEY VALLEY RD.
* 0 - 0 + 6 /		EDDIE M	VAKHUDA,	M.D. STELLA M	ARIS - TOWSON	v mp. 21204
5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE 236	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
BP	6	URIAL	9 29 1986 1	lorelano Mem	- PARKVILLS	BALTO MO-
	24 FI	JNERAL DIRECTOR ,	ADDRESS	3800 HARFURD 250 BAY	RECED. BY REGISTRAR 256 REG	STRAR'S SIGNATURE
(VRA 15, 4)	>	VADS CHAPS	LOFI Isma	ORISS ROAD	7 70 1900 J	
BP DHMH - 16 50M 4/83	2	SURIAL, CREMATION, REMOVAL SPECIFY) UNERAL DIRECTOR,	23b. DATE 23 1986 (27)	M.D. STELLA M NAME OF CEMETERY OR CREMATORY	PARIS - TOWSON 23d. LOCATION PARKYLLS	COUNTY STATE BATO MO

11:001-00 111 -25-36-111 Then the was the cont. Have SEAN THE CHARLES TO SHOW THAT IS A PROPERTY OF THE SHAPE SHAPE

BP. DHMH - 16 60M

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	FOR	n		E OF MARYLAND	IENE H A	*
1 -	STATE				0 0	2 4 5 6
		MIDDLE		LAST		MONTH DAY YEAR 76 HOUR
I TPE O	ROBER!	r L.ouis	FAF	RRELL	September	30, 1986 630
SEX		4 RACE			6. AGE IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HR
,	Male	White			. 65	YRS
		76. CITIZEN OF WHAT COL	UNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
3/	Tenn.	U.S.A.	WIDOW	ED DIVORCED		ore County,
O. CITY	OR TOWN OF DEATH			OR OTHER INSTITUTION		
	Towson			al	Mgr. The B	owman Reataurant
3a. ST				134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE
		timore To	wson	YES NO X		ed Court 21204
4 FAI	Robert	MIDDLE Farrell	LAST			Robert
6a. W.A	AS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCI.	AL SECURITY NO.	17 INFORMANT	ADDRE	SS
			07-0280	Mrs. Elizabe	th Farrell	Same
				A 1.0	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	HAMATER		NSEQUENCE OF			
		DUE TO, OR AS A CO	NSEQUENCE OF			
	gove rise to immediate	(b)		Take Activity		
1	couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	NSEQUENCE OF			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONI	DITION GIVEN IN PART 1/2.
	ANT Z OTTEN OLOVA TEACT	CONDITIONS CONTRIBOTI	NO PODEATH BOY	THO REPAILS TO THE TERM	INAL DISEASE ON COM	SINON GIVER IN TAKE ING
CAT	DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
					YES NO	YES NO
			TH DAY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART I OR PART 2)
ğ	(IF EITHER NOTHY MEDICAL EXAMIN	ER) P.M.	19	A		
2 12 P	WHILE NOT WHILE			211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
	MHILE NOT WHILE					
-	TWORK ATWORK		-	1 07	Cale	1 7
-	20 1 certify that (I) (this has	61//4	from F2	S 1986		1. 19 86 , that (I) (we) I
1	20 I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (aid r	61//4	h 19 / 4860		, to	1 , 19 36 , that (I) (we) I ste and have and from the causes stated
1	120 I certify that (I) (this has	a puli	h 19 / 4860	DEGREE	MEDICAL STAF	221. DATE SIGNED
7	20 I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (aid r	of view the body ofter death	h 19 / 4860	DEGREE	William Co.	221. DATE SIGNED
7	220 1 certify that (1) (this has sow the deceased always above, (1) (we) (did) (did r. 276. SIGNATURE	or PRINT	h 19 / 4860	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAP DIRECTOR PHYSIC	FIAN DATE SIGNED ST
2	22a L certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did r 17b. SIGNATURE	OR PRINT! Bedon, M.D.	h 19 1 986 or	DEGREE ATTENDING PHYSICIAN 22e ADDRESS 660 Kenilw	MEDICAL STAF DIRECTOR DHYSIC Orth Drive	221. DATE SIGNED
3a. BU	22a L certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did r. 12b. SIGNATURE 12a PHYSICIAN'S NAME (TYPE George RIAL, CREMATION, REMOVA eciet)	OR PRINT! Bedon, M.D.	19 1 9 86 or	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAR DIRECTOR PHYSIC	Towson, Md. 2120
3a. BU	220 1 certify that (1) (this has sow the deceased always above, (1) (we) (did) (and recover). SIGNATURE 120 PHYSICIAN'S NAME (TYPE George RIAL, CREMATION, REMOVA	Bedon, M.D. 1 23b. DATE Oct. 4,198	19 1 9 86 or	ATTENDING PHYSICIAN PAYSICIAN PAYSIC	MEDICAL STAP DIRECTOR DRIVE Orth Drive 23d LOCATION CITY OR TOWN Catonsvi	Towson, Md. 2120
	DECERTIFICATION SEX SEX SEX O. BIRITOR CO TO O. CITY 11 11 11 11 11 11 11 11 11	DECEASED NAME REGISTRAR DECEASED NAME (TYPE OR PRINT) SEX Male 0. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tenn. 0. CITY OR TOWN OF DEATH TOWSON DSUAL RESIDENCE (IF NURSING HOME OF TAKE	DECEASED NAME (IVPE OR PRINT) ROBERT L.OUIS SEX Male Middle Mitte Middle Middle	DECEASED NAME (TYPE OR PRINT) ROBERT L. OUIS FAE SEX Male Middle Mitte Middle Mitte Middle Mitte Mont Feb Marke Mitte Mont Feb Marke Middle Mitte Middle Mitte Mont Feb Marke Middle Mitte Mont Feb Marke Middle Middle Middle Mitte Mont Feb Marke Middle Mid	SEX A RACE S. DATE OF BIRTH MONTH DAY YEAR TOWN OF DEATH B. BIRTHPLACE (STATEOR FOREIGN COUNTRY) TOWN OF DEATH B. CITY OR TOWN OF DEATH S. CALLERS DENCE BEFORE ADMISSION JOUNT Jac Country M. Baltimore Towson St. Joseph Hospital Jac CITY OR TOWN OF DEATH S. COUNTY M. Baltimore Towson St. Joseph Hospital FATHER'S NAME RODER FATTELL MODRE FATTELL S. DATE OF BIRTH MONTH DAY YEAR MARRIED MOVER MARRIED MONTH DAY YEAR MARRIED MOVER MARRIED MONTH DAY YEAR JOUNTY S. DATE OF BIRTH MONTH SUCH FACILITY, GIVE STEEPING BEFORE ADMISSION JOUNTY S. CITY OR TOWN JOUNTY S. CITY OR TOWN M. Baltimore Towson S. MOTHER SMAIDEN NAME FATHER'S NAME FATTELL LAST MODRE FATTELL MODRE FATTELL MODRE FATTELL MONTH STATE NOT MARRIED MODRE FATTELL MODRE FATTELL MODRE FATTELL MODRE FATTELL MODRE FATTELL MODRE FATTELL MODRE MODRE MODRE MODRE FATTELL MODRE FATTELL MODRE MODRE MODRE MODRE FATTELL MODRE MODRE MODRE FATTELL MODRE MODRE MODRE MODRE MODRE FATTELL MODRE MODRE MODRE MODRE MODRE MODRE MODRE MODRE MODRE MODRE MODRE MODRE	- STATE REGISTRAR DECEASED NAME PROBERT LOUIS FARRELL September SEX Male White February 16, 192 65 8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tenn. 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TOWSON TOWSON St. Joseph Hospital 136. COUNTRY 137. COUNTRY 136. COUNTRY 136. COUNTRY 137. COUNTRY 136. COUNTRY 137. COUNTRY 137. COUNTRY 138. INSIDE CITY LIMITS? 138. STREET ADDRESS / 178. Wadale ine Madale ine Madale ine Madale ine Madale ine 158. MOTHER SMAME MADDLE 169. WAS DECEASED EVER IN U. S. ARMED FORCES? 178. DOWN 180. COUNTRY 180. CAUSE OF DEATH (Enter only one couse per line for (a), (b), (c) DUE TO, OR AS A CONSEQUENCE OF CONDITION 180. CAUSE OF DEATH (Enter only one couse per line for (a), (b), (c) DUE TO, OR AS A CONSEQUENCE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYNING 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY) HOUR AM MONTH DAY YEAR 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY) HOUR AM MONTH DAY YEAR 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY) HOUR AM MONTH DAY YEAR 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY) HOUR AM MONTH DAY YEAR 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY) HOUR AM MONTH DAY YEAR 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY) HOUR AM MONTH DAY YEAR 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY) HOUR AM MONTH DAY YEAR 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY)

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00-18522		REGISTRAR					ICATE OF	DEATH		REG. N				
Je 3		CEASED NAME ORPRINT)	FIRST LE		HENRY		HELY,	SR.		Sept.	18,	1986	26 HOUR 9:10am	
moy moy	3. SE>	(4.	RACE		5. DATE C		YEAR	6 AGE (IN	YEARS LAST BIR	THDAY)	MONTHS DAYS		
age 4	24 911	Male RTHPLACE (STATE OR FOR	Such 7h	Whi CITIZEN OF V		Aug	4,	1932	54	OPE CITY O	YRS	TY OF DEATH		
主花35		Maryland		U.S. MARR WIDOV 11. NAME OF HOSPITAL, NURSING HOME 2909 Michigan Ave			MARRIEDXX NEVER MARRIED WIDOWED DIVORCED			Baltimore County of Baltimore Co			ounty MD.	
102 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Ba	TY OR TOWN OF DEATH 1timore High	lands					227)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)			LIFE) 12b. KIND (INDUSTRY Elec	12b. KIND OF BUSINESS OR INDUSTRY Electric	
AND 21	1 13a S	MD 13		imore		Highlar		- X-	290	ADDRESS		/	21227)	
MARYL MARYL	14. FA	THER'S NAME FIRST LEO	J		Feehe	-	15. MOTHEI	R'S MAIDEN NA		MIDDLE L.		Clar	K	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D NG PHYSICIAN. The low requires that the death certificate has been signed by the attending purcent and provide the baltimore has been signed by the analysis of the buriod-transit permit. Then please remove contain the analysis of the buriod-transit permit. Then please remove contain the analysis of the provider of th		VAS DECEASED EVER IN	Kore Kore			80-4679	Doro	othy F	eehe1	ADDRI		as 13e		
ST., BAL errif on p		18 CAUSE OF DEATH Enter only one couse per line for 10, (b), and ic PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10)									approximate interval Between onset and death 20 Months			
deoth control of tion, or oumofic		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b)												
hot the by the cose rem		gove rise to immediate cause (a), stating the underlying cause lost (c).												
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RE TI		220 Certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my apinian										
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE ANATOMY BOARD

24. FUNERAL DIRECTOR

AGORESS BALTIMORE, MD 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S STORT LE VENIDAM

2h HOUR

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

24 HOURS

7 WFFKS

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate in execution within 24 natural transfer and an appeal of may	o FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical and commend to the moral derector, po- ould be detached far use as the burial-transit permit. Then please remove carbanpaper. Page 1 mag 2 majud betting with 172 hours ofter d
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oy b	Joseph 3. SEX	H. Figgs	September 16, 1986 1:00 A
tor. F	Male	White January 01,	1903 83 YRS MONTHS DATS HOURS MIN.
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STATE OF MARYLAND

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	mo)		3-8E)			RACE		5. DATE C	F BIRTH		6 AGE	IN YEARS LAST B	IRTHDAY)		NDER I YEAR	
	ge 4 ector rs oft	15		Female		White 9 MONTH 18 YEAD 2			8	4	YF	MON	THS DAYS	HOURS MIN.		
•	leoth. Po	35	7a Bil	RTHPLACE (STATE OR FORI	EIGN 7b.	U.S.A. WIDOWED		DXXNEVER MARRIED D			AORE CITY	OR COU	NTY OF	DEATH	MD.	
اواة	The f	6		TOWSON	G	REATER	ALTIMORE	MEDICAL		NOITUTIT	TYPE OF W	AL OCCUPA YORK FOR MOST	OF WORK	NG LIFE)	12b. KIND (INDUSTRY	OF BUSINESS OR
ANDA	1	35	13a. S Ma	ryland	b COUNTY Balti		13c. CITY OR TO Towson	NWN	13d INSIDE C	МОХ	136.STREE	T ADDRESS	/ ZIP C	ODE	Road	21 20 4
MARYL	X	30	14. FA	THER'S NAME FIRST	MID	DIE	Alisea	ı	15 MOTHER	S MAIDEN NA	ME	WIDDLE			LA	ST
SE.	D D D	1 100		VAS DECEASED EVER IN	U.S. ARME		16b. SOCIAL SE	CURITY NO.	17 INFORMA	ANT		ADDI	RESS		212	204
IWO	9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ž/	,	No		- ON DATES)	None		Delphi	ia F. F	isher	Jr.	7319	Kno	llwoo	d Road
BAL	ysicio oper vol.	it, th		18 CAUSE OF DEATH (Enter anly a	one cause per	line for (a), (b),	and (c).)	-					174	APPRO) BETWEEN	XIMATE INTERVAL
ST.,	g ph on p	e ve			MEDIATE (RESPIRATO	JRY ARRES	ol							
NO	on so real residence on so real real real real real real real real					DUE TO, OF	LUNG CAN	UENCE OF						25		
REST	offer	ron		Canditions, if any, w		(b)	LUNG CAN	JEK								
W. P	that the by the ease rer al, crem	or other traumotic		cause (a), stating underlying cause		DUE TO, OF	R AS A CONSEC	UENCE OF								
rDS, 20	quires signed Then ple	o lolary, o	NO	PART 2. OTHER SIGNIF	ICANT CO	NDITIONS CO	ontributing t	O DEATH 8UT	NOT RELATED	D TO THE TERM	NINAL DISE	ASE OR CO	NDITION	GIVEN	IN PART I	10
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	he le bos per ene	S out	CERTIFICATION	19a. DATE OF OPERATIO	N	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFO	DRMED	20a AL	JTOPSY?			IG CAUSES	INGS USED S OF DEATH?
OF VIT	4	Hem 18 sh		21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21c. HOW IN	NJURY OCCUR	RED (ENTER	NATURE OF INJ	IURY IN ITEN	18 PART	OR PART 2)	
VISION	HY adin	marked or H	MEDICAL	21d INJURY OCCURRED		21e. PLACE		E, FARM, ETC)	211 LOCATION STREET	ON	19	CITY OR T	OWN		COUNTY	STATE
۵	A S. Afr	e s		220 I certify that (I) (th		attended the	e deceased from	86 9/2	3	, 19_86	, ta	9/24		. 19	86	, that (I) (we) lost
	prite for the of H	23		saw the deceased abave, (1) (we) (did	dlive on			ar	d that in (my)	(aur) apinian	death accu	rred an the	date and	haur an	d fram the	causes stated
	0 0 0 00	Fer Fer		226. SIGNATURE ATA 224. PHYSICIAN'S NAM	Mill E LIYPE OR PR	a. 1	Worth	h	DEGREE	ATTENDING PHYSICIAN [MEDICA DIRECTO	AL ST.	AFF ICIAN [X		22c DATE	24-87
	TO HOSPITAL retained by th TO FUNERAL should be detr with the State	MPORT		CATHERINE	E A. NO	RTH, M.			GBMC -	- 6701 N.			ET 21	1204		LEGICA .
			23a. B	URIAL, CREMATION, RE. SPECIFY BUTIAL	MOVAL			. NAME OF C			(CATION		cc	YINUC	STATE
	BP	-		NERAL DIRECTOR		9-27-	00	Lorrai	ne Farl		IBal	timore	5 5 5 5	O LOVE -		Maryland
(DHMH - 16 60M (VRA 15, 4)	7/84		tchell-Wie	defelo	l Home	6500 YC	rk Roa	d 2121:		EBEAD 6) RF986	K 256. RE	SISTRAR	(SSIGNA)	TURE

STATE OF MARYLAND

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BALTO MD. 21236

FOR

REGISTRAR

1 - STATE

DHMH - 16 60M 7/84 (VRA 15. 4)

255Ahn Muneral Home

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

1986

1-17411. THE HEAD ME SERVER ST. BEAUTY STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME 2n DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) poge 3 W. Paul Flood September 28. 1986 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS Sept. 17. 1912 Male White TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Pennsylvania Baltimore County. DIVORCED WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 10510 Vincent Road White Marsh Security Guard Trailer Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13e STREET ADDRESS / ZIP CODE Baltimore White Marsh 10510 Vincent Road NOOK FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE MIDDLE Flood Viola Warren Laird ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Jovce Flood APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per and for in) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ā NOF NO T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an ___ and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the body biter death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL Cremation

14 FUNERAL DIRECTOR

276 PHYSICIAN'S NAME (TYPE OR PRINT)

Augenal

9/29/86

23c. NAME OF CEMETERY OR CREMATORY Green Mount Cemetery

22e ADDRESS

Baltimore City, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

The second second The first and the second of the second of the

John C. Miller Inc. 6415 Belair Rd. 21206

(VRA 15, 4)

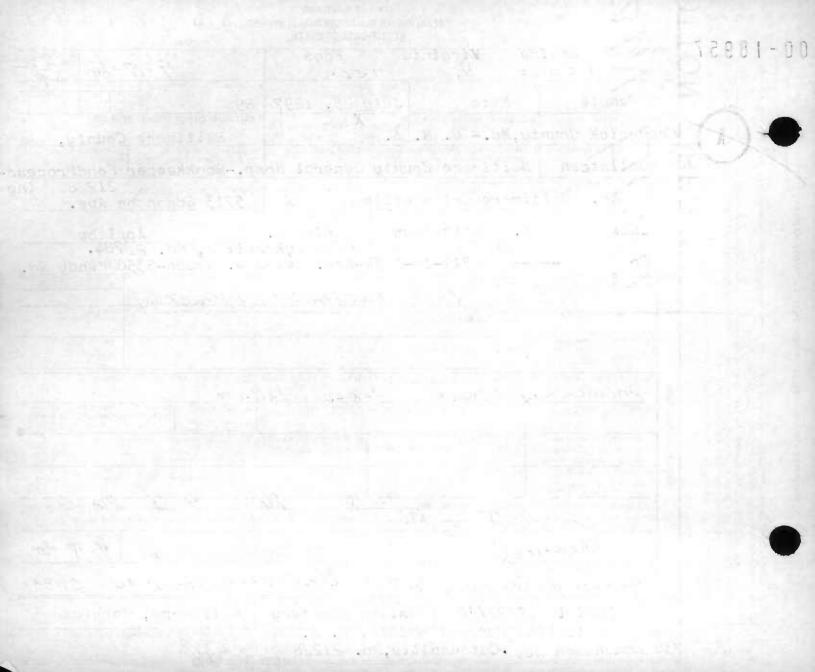
STATE OF MARYLAND

		FOR WILFRED F		250 4 074		E OF MARYLAND	9 6	0	A 2 7 9
18786	1.	- STATE FOLEY	SR.	DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH		Time .	- 3 / 0
10/00		CEASED NAME FIRST	-	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
be 3 oge 3 deoth	(111	Wilfre	d		F	oley St.	0	9-19	-86 M
4 may	3. SE	× bo 1	4. RACE		5 DATE (6. AGE (IN YEARS LAST BIRT	HDAY) IF U	HOER I YEAR IF UNDER 24 HRS
A 211 /	1	Mide	Couc		2	25 95	91	YRS.	
1 16 26		IRTHPLACE (SLATE OR FOREIGN COUNTRY) ENNSYLVANIA	USA	WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORÉ CITY O	_ , ,	BALTO MD
1/10	-	ITY OR TOWN OF DEATH	11. NAME OF			DIVORCED DIVORCED	12a USUAL OCCUPATH	I NC	26. KIND OF BUSINESS OR
5 1 19 70		Baltimore	EAST	POINT A	U(S	ny Home	WATCHMAK	ER	JEWELRY
2 50 20	13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ITY	13c. CITY OR TOW	ADMISSION)		13e STREET ADDRESS /		21237
100	_	ID BAL!	ro	BALTO	100	YES NOX	7932 PHIL	ADELPI	IIA ROAD
1031	2		MIDDLE	FOLEY		MARY	WIDDLE		LAST
		WAS DECEASED EVER IN U.S. AR		16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	
	(NO NO UNKNOWN) (IF YES, GIV	WAR OR DATES)	1690942	296	MARILEE DA	TES 19 C	UNNING	CT 21220
sot oppwer it,		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		line for ja), (b), one	IC!	0 0 .00	+-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g ph bon por remo			E CAUSE (a)	Venl	rient	as Februll	aleon		duned
tendin e corb		Condition	DUE TO, O	R AS A CONSEQUE	NCE OF	ASCVD			111110
he atter emove emore mation		Conditions, if any, which gave rise to immediate cause (a), stating the	(b)			113600			gas
that I d by I lease rial, cre		underlying cause last.	(c)	r as a conseque	NCE OF				
res n ple burit	7	PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	OITION GIVEN I	N PART 11a
1 1517	ATIO	19a. DATE OF OPERATION	10h COND	ITION FOR WHICH	ODEDATIO	N WAS PERFORMED	20a AUTOPSY?	1201 15 VEC 140	ERE FINDINGS USED
Part of the state	CERTIFICATION	THE DATE OF GLEATION	178. COND	INDIVIOR WINCH	OFERATIO	N WAS I EN ORMED	YES NON	IN CERTIFY IN	G CAUSES OF DEATH?
Paris	CER	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCURRE		_	
SXCIA no pl no pl nemal	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	P.	M.	19				
of the state of th	MED	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR TO	VN	COUNTY STATE
Ather of the state		WHILE NOT WHILE AT WORK 22a.1 certify that (1) (thus hospit	al) attended th	a decaded from	1	- 24th &a	9-1	9	0/
TTEN Picol P		saw the deceased alive an	9	=12 19	86,00	d that in (my) (our) apinion de	eath occurred an the do	te and haur and	from the causes stated
OREC Dept -	H	726 SIGNATURE L	HA /	other death.		DEGREE			22c. DATE SIGNED
44 44 4		ye for	met	~ M	2	ATTENDING PHYSICIAN	MEDICAL STAF		9-19-86
TO HOSPITA reformed by TO FUNERA should be the with the Start IMPORTANT		22d. PHI SICIAN'S NAME (TYPE O	1 .	LETON	1	1012 Of	Durthe	mil	10
5 5 5 4 M	23a. F	BURIAL CREMATION REMOVALE	123b. DATE			EMETERY OR CREMATOR!	123d LOCATION	our	1
BP		SPECIFY) BURIAL	9/22	1-1	ARDE		BALTO		TATO MD
DHMH - 16 60M 7/84	24 FT	JNERAL DIRECTOR	7/66	ADDRESS (AKTH	25a. DATE	REC'D. BY REGISTRAR	PEGISTRAR	S SIGNAMORE
(VRA 15, 4)	-	V10404		INI C	DSaco	LO SFF	2.2 1990	Asim we would	Marine and a second



	1	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY(GIENE 3 5 2	4519
0 10057		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	į.
00-18957		CEASED NAME LOUI		a LAST FOOS FOOS	20. DATE OF DEATH MONTH OF	2 -86 25 HOUR 30
pod er d	3. SE		4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
4 off		Female	White	July 25, 1897	89 yrs.	ONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY) ederick Coun	16. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED DI	Baltimore City or County	
1	10, C	ndallstown	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
AND \$13 Hilled in Gold he	USU 130	AL RESIDENCE (IF NURSING HOMEO BTATE Md. 136 COU Bal	R OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 13d INSIDE CITY LIMITS? UILLEYES NO A	130. STREET ADDRESS / ZIP CODE 5713 Edmond	21228 inc
1 1000	14. Fz	ATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN NA	ME	
# 19 GO		Charles	E. Geiselm		. A.	ppleby
BALTIMORI cate be exec ysicion and a opers. Pages wal.		VAS DECEASED EVER IN U.S. AF	ve war or dates) 217-18	-1154-Mrs. Melu	pa G. Grubb-53	1 <i>7</i> 84. 50 Wendu Rd.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert attending physician. Ifter this certificate has been signed by the attending is she buriol-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, or re- orked or Item 18 shows any injury, or other traumotic ev	CERTIFICATION	Primora, 196 DATE OF OPERATION	196. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM PENAL OPERATION WAS PERFORMED	206 AUTOPSY? 206 IF YES IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
SION OF VITA PHYSICIAN: TI ending physici this certificate te buriol-transif ad Mental Hygi dor Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM IB. P.	ART I OR PART 2)
NG PHYSIC ottending of the this cer iter this cer is the burion hand Meninked or Iter	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	211. LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDIN Sprital or CTOR: Af of for use of M for use of		saw the deceased glive or above, (1) (we) (did), (did no	ot) piew the body ofter death.	, and that in (my) (our) opinion	death occurred on the date and hour	ond from the couses stated
OR be		22b. SIGNATURE Copper	mes		MEDICAL STAFF DIRECTOR PHYSICIAN	9-18-86
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I IMPORTANT: II		ORIANDO B	COMMANN	220 ADDRESS BOSH-1	RANDAILS ZOWN	rd. 21133
BP	23a. I	BURIAL, CREMATION, REMOVAL BURIAL	9/22/86 WE	Pame of CEMETERY OR CREMATORY Stern Cemetery		Marylandstate
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	Diveral director teri	ing Funeral Es Ave •Catonsvil	le, Md. 21228 S	TE REC'D. BY REGISTRAR 256 REGISTR	RAR'S SIGNATURE

JU



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8,8	REGISTRAR				CERTIF	ICATE OF D	EATH	REG.	NO.		J. F
	CEASED NAME	FIRST		MIOOLE	l	AST		20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
100		Carme	line C.	FORD				September	6, 19	86	12:45A M
3 SE	X		4 RACE		5 DATE C		46.10	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
-	Female		White		Augu	ist 5,]	1923		53 YRS	DATS	HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTR	RY? 8	NEVER A	ADDIED [9 BALTIMORE CITY		OF DEATH	
M	aryland		U.S.A		WIDOWE		ORCED	Baltimor	e Coun	tv	MD.
10 C	ITY OR TOWN OF DE	ATH	11. NAME OF		SING HOME C		ITUTION	120 USUAL OCCUPA	ATION	126 KIND	OF BUSINESS OR
Ro	ssville 2	1237	Fano mlal	in Squa	ma Unam	ital	-7100	Assemble:			tronics
130	AL RESIDENCE (IF NUR STATE	136 COUN	OTHER INSTITUTION	13L CITY OR TO	OWN	13d INSIDE CI	ITY LIMITS?	13e STREET ADDRES	S / ZIP CODE		
-	ryland	Balt	imore	Middle	River	YES 🗌	NO 🛣			Road 2	1220
14 FA	ATHER'S NAME FIRST		WIDDLE	LAST		15 MOTHER'S	MAIDEN NAM			14	NST .
	Walter	r	Schmid	t			Kather	ine Sile	oik		
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	ECURITY NO.	17 INFORMA	NT	ADI	RESS		
	YES NOOR UNKNOWN)	(1) 163 010	Pero	214 18	6977	George	Ford,	Jr.	(same)	
	18 CAUSE OF DEAT	H (Enter an	ly ane cause per	line far (a), (b).	and ic					APPRO. BETWEEN	XIMATE INTERVAL
	PART I. DEATH V		E CAUSE (a)	ight in	tracere	bral in	farctio	on with se	vere		
	The same of	77.11.12.2		R AS A CONSE	OHENCE OF			bronchopne	umonia		
	Conditions, if any	, which		_		and br		occluded w			
5	gove rise to im			R AS A CONSE				lent mater			
	underlying couse		(6)	K AS A CONSE	OULIVEE OF						
	PART 2. OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING 1	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ONDITION GIV	VEN IN PART I	10
ON											
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		S, WERE FIND	
TE			4 %					YES X NO		FYING CAUSE ES X T	NO T
CER	210. ACCIDENT WAS UN	-	216. TIME O		5.14 V5.15	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF I	NJURY IN ITEM 18	PART 1 OR PART 2)	
	OR CONTRIBUTING		16	M. MONTH	DAY YEAR						
MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATIO	N				
W	WHILE NOT W)RK		REET, FACTORY, OFFI		STREET		CITY OR	IOWN	COUNTY	STATE
	220.1 certify that	Ithis hospi	(al) attended th	e deceosed fro	Augu	st 10	., 19 <u>86</u>		ber 6	19.86	that (we) last
	saw the deceas abave, well	ed olive on	September of view the bady	ofter death.	86 an	id that in (my	(aur) apinion o	death accurred an the	date and hav	ir and fram the	e causes stated
	22b. SIGNATURE	4 Chil	11/46	2	M		TTENDING PHYSICIAN [MEDICAL S'	AFF SICIANI	271. DATE	6/8C
	224. PHYSICIAN'S N	AME (TYPE	PRINT		-2.800	22e ADDRES	-		List	- 1/	1
	Alberto		rges, M.					in Square	Drive,	21237	
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE		30 NAME OF C			23d LOCATION		COUNTY	STATE
Burial 9/8/86 Oak La						wn Cemetery Baltimore County Maryland					

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Funeral Jone

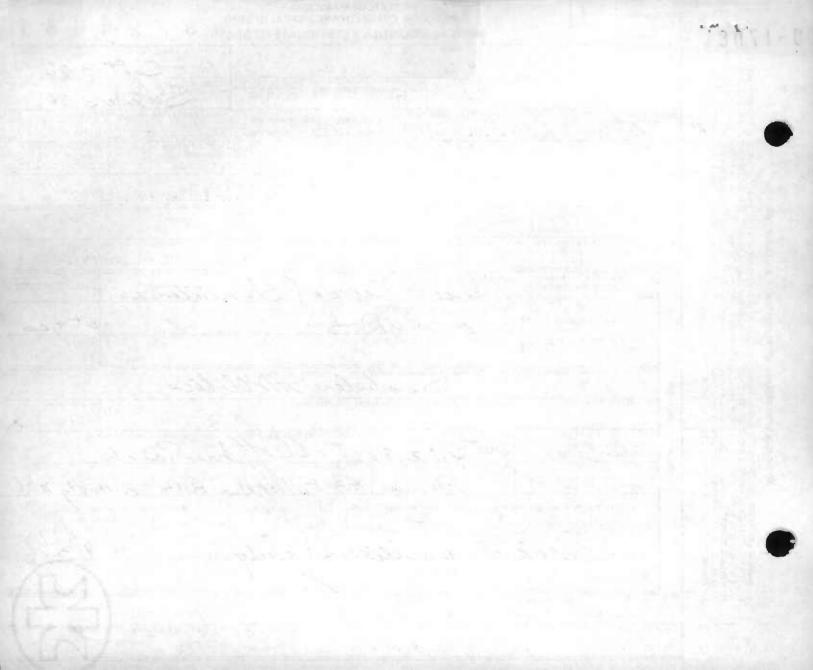
250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Julia Teviden Pander

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO MONTH (TYPE OR PRINT) ESTI-Sterling Fowler DEATH MATED 4. RACE SEX 6 AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS SE HIDUR 2c. DATE LAST BIRTHDAY PRONOUN 2-12-1899 MA1e 87 White To BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Ohio DIVORCED [Baltimore County CITY OR TOWN OF DEATH IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY St. Joseph's Hospital Driver-Salesman Waters Bakery Towson USUAL RESIDENCE (IF IN NURS ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 30. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 103 Fuller Ave. -21206 MD. Balto. Balto. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Unknown Unknown 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7 INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 220-07-0697 Charles I Nickles - 20 Fuller AVe. -21206 DIVISIO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), out (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAD PART I DEATH WAS CAUSED BY: TMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, it any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? I. WRITING THE WORL WARDED TO THE CH R. PAGE 3 SHOULD BE U ESTATE DEPARTMENT G YES 🗌 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENJERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR ATM MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 2001 21e PLACE OF INTURY AT HOME. 21f LOCATION STREET, FACTORY, PARME ETC.) WHILE COUNTY WHILE AT WORK 220 I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my opinian Inspection Accident death resulted fram: Homicide Undetermined manner TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALLIMORE, M EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland Greenmount Cemetery Cremation 9-4-86 BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE In Day dentifying and all **DHMH - 17** John C. Miller Inc. -6415 Belair Rd. -21206 (VR A15 ME (5)) 20M 4/82



	•
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY LAND 2720	- 1
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours and meath. Fage 4 may be reptending physician.	78
After this certificate has been signed by the ottending physicion and demplete with 1 is the liveral director, page 3 os the buriol-transit permit. Then please remove carbonopers. Pages 1 and 2 is the buriol-transit permit. Then please remove carbonopers.	25

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

25b. REGISTRAR'S SIGNATURE

		CEASED NAME FIRST		MIDDLE	- 1/	AS1	20. DATE OF DEATH	MONTH DAY	YEAR	1.38
	(1456	Floren	ie	н.	tre	eman	G	1 9	86	638 M
	3. SE	X	4 RACE		5. DATE O		6. AGE (IN YEARS EAST BIRT		NDER TYEAR	# UNDER 24 HRS
	Ones .	Female	Whi	57	МОМТН	12 1904	82	YRS.	THS DAYS	HOURS MIN.
20	Ja. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D MENER THANKS D	9. BALTIMORE CITY OF	COUNTY OF	DEATH	
10	B	alto	USA		WIDOWE	DINEVER MARRIED DINORCED	Baltim	ore	Cou	retur MD.
(V)		ockeysuille	11. NAME OF	HOSPITAL, NURSING HEACHTY, GIVE STREET	G HOME O	enic Home	120. USUAL OCCUPATK (Type of work for most of Handresse:		126. KIND OI INDUSTRY	F BUSHNESS OR
业	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CC aryland		Baltimo	N I	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 400 Brett		e 21:	218
uş a	14. F/	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM			EAST	
(a)		George Kohrs	WIDDLE	LASI		Mable Bay	yer		EASI	
ico	16a \	WAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	16h SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	55		
med		YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	217-36-2	2832 .	Records-Mary	land Masoni	c Homes		
青		18 CAUSE OF DEATH (Enter	only one couse pe	r line for (o), (b) and	Dici.1	,	1		APPROXU BETWEEN C	MATE INTERVAL
vent	70	PART I. DEATH WAS CAL	ISED BY:	04	250	iration to	trest			
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0 3		Conditions, if ony, which	1000	res Hur	tew	t failur	c			
1		gove rise to immediate cause (a), stating the	(8)2							
othe		underlying couse lost.		R AS A CONSEQUE	NCE OF					
0		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO E	DE ATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONL	DITION GIVEN	IN PART 110	21
injury, or other tro	Z									
	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	IGS USED
ws ony	FIC						YES T NOT	IN CERTIFYIN		OF DEATH?
S	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCURE				,,,,
8 Q		OR CONTRIBUTING CAUSE OF	DEATH HOUR A	.M. MONTH DA	Y YEAR					
± 10	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION			COUNTY	STATE
ked	X	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OF TO	WN	COUNTY	SIAIE
e o	15	22a.1 certify that (I) (this ha	spiral) ottended th	he/deceosed from_			, to			that (I) (we) lost
51 12	1	sow the deceased alive	of	19_	, or	d that in (my) (our) opinion o	deoth occurred on the do	te and hour on	d from the	couses stated
MPORTANT: If them 21 is morked or		obove, (I) (we)/did) (did) 22b. SIGNATURE	al (Offer death		ATTENDING PHYSICIAN	MEDICAL STAF		22- RATE	SIGNED N
YA!		226. PHYSICIAN'S NAME (14				22e. ADDRESS				
POR		Pau	l Rivas	M.D.		300 Interna	tional Drive	e Cocke	ysvil:	le, Md.
<	23a. I	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		NIMITY	STATE
		Burial	Sept.	11,1986	Dru	id Ridge	Pikesville	e, Balt	o. Co	. Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

A FUNERAL DIRECTOR

NAME

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

TO FUNERAL DIRECTOR: After this

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-17	7 1.	56		1.	FOR STATE		DEPAR		EALTH AND MENTAL	HYGIENE	8 6	2 4	2 0	3
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	ler d	with	Power	10. €	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURS	SING HOME C	R OTHER INSTITUTION		JAL OCCUPATION WORK FOR MOST OF WORK		ND OF BUSINESS	OR
6	110	Ted #	5 X	-	TOWSON	ST.	SPITAL, NURS FACILITY, GIVE STRE DSEP H	Hos	PITAL	He	omemaker .			
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N N			130		Md. BA		WHIte	HALL	YES NO	P.C	. Box 56	211	61	
37.	-	1 04	X EX	14. Ez	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDE	NNAME	MIDDLE	,	LAST	
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or m	ecut	es 2	ico		VAS DECEASED EVER IN U.S. A		66. SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS			
201 W. PRESTON ST., BALTIMORE, MARY	e)	Poges	medico	(NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	233-14-	3177D	Helen J.	Rogers	,9103 Cros	shill R	d. 2123	14
ALT	te b	oers.	- t +		18 CAUSE OF DEATH (Enter of				1	1 1	1		PROXIMATE INTERVAL	
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PR	e d	e of	r tro		gove rise to immediate) (6)				100				
₹	thot t	se re	othe othe		couse (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEG	DUENCE OF						
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	ENC	DR:	Hed		22a I certify that (I) (this has sow the deceased alive a		deceased from	23 6	id that in (my) (our) op	inion death acc	uzred on the date on	, 19	the thot (I) (we)	,
	ATT	eCTC d fo	# 2 m		obove (I) (we) (did)/did r	at) view the body o	fter death.		1 /	and death acc	offed off the dote one	-		a
	00	DIR oche	Dep If the		226. SIGNATURE	0/100	11.	1	DEGREE	NG MEDIC	CAL STAFF _	726.0	ATE SIGNED	1
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	-	BP			Burial	9-10-8	0	Morela			alto., MD.			
	DH	MH - 16 6	OM 7/84		UNERAL DIRECTOR		ADDRESS			a DATE REC'D.	BY REGISTRAR 256 RE			- 1
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noy be program	1. DE	CEASED NAME	Y W. FUN	ROY FUNK WALKER			September 2		26. HOUR 10:45pm	
(Ou Day	VSE	X	4. RACE		5. DATE		6. AGE (IN YEARS LAST BIR			
96 44 8		Male		hite	Aug.	20, 1907 YEAR	79 YRS.			
Peoth. Po	V:	RTHPLACE (STATE OR FO COUNTRY) Lrginia		USA **MARRI WIDOW		NEVER MARRIED DIVORCED	Baltimore County MD.			
on the control of the		ITY OR TOWN OF DEAT ROSSVIlle	TH 11. NAMI Frank	E OF HOSPITAL, NURSIN IN SUCH FACILITY, GIVE STREET LIN SQUARE	HOSPI	tal	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) THOUSTRY HOME improvement			
hin 24 hour	130. S Ma:	STATE	ng HOME OR OTHER INSTIT 13b. COUNTY Baltimore	ution Give residence befor 13r. CITY OR TOW White Ma	/N	13d. INSIDE CITY LIMITS? YES NO S	13e STREET ADDRESS A		21162	
MARN de		Elbert	Johnson	Funk		Fannie Elizabeth Roberts				
ONG Corona coron		VAS DECEASED EVER II		ES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE		1162	
IMORE	L	no	UP SES, GIVE WAR OR DA	229-01-3	603	Ruby S. Funk	, 10816 Red			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120. The property of the farm equies that death certificate be executed within 24 hours, attending physician and completely tilted in the current form permit. The place remove corbon papers. Pages 1 and the print the mind within the print of the print, or removin, or removal.	CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Renal Failure, pancreatitis								
AL RECC		190 DATE OF OPERATI	19b. C	ONDITION FOR WHICH	OPERATIO	YES NOX YES NO NO				
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AL OR ATTENDS the hospital or AL DISECTOR: A efoched for use the Dept. at Head T. If New 21 is m.		220. I certify that IX (this hospital) ottended the deceased from AlIG 8 1986 to Sept. 20 1986 that X (we) last saw the deceased clive on Sept. 20 1986 that X (we) l								
D HOSPITAL fermed by the house by the house by the determinant the house by the house by the house the hou		Dana Sanderson, M.D. 9000 Franklin Square Dr. 21237							1237	
BP	24. FI	BURIAL, CREMATION, R (SPECIFY) Burial UNERAL DIRECTOR	Sept	.23,1986 Be	el Air	EMETERY OR CREMATORY Memorial Gai 250. DA	23d. LOCATION CITY OR TOWN CHARACTER REC'D. BY REGISTRAR	ir Harfo	rd Md.	
DHMH - 16 60M 7/B4 (VRA 15, 4)	Но	ward K. McC	Comas III,	Abingdon,	Md. 2	21009 S	EP 23 1986	ou-adminde	and Francisco	

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	x 75			EASED NAME OR PRINT)	FIRST LLIAM	MIDDLE LAST				20. DATE OF DEATH MONTH DAY YEAR 21. HOUR A 6:55 A			
16	her de		3. SEX			4. RACE		5. DATE (6. AGE (IN YEARS LAST BIRT	MONTHS DAYS		
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	neral de n 72 ho	75	7a. BIRTHPLACE (STATE ORFOREIGN COUNTRY) Pennsylvania		75. CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED WIDOWED DIVORCED		Balto. County MD				
10	of the same			O CITY OR TOWN OF DEATH Pikesville		11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Pikesville Conv. Ctr				120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Dairy			
ONC.	Alled in	3	USUA 13a. S Mo		13P COR	ROTHER INSTITUTION, ONLY	GIVE RESIDENCE BEFOR 130. CITY OR TOW Balto.	e admission) /N	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 3701 Twin	Lakes Court	21207	
MORE, MARYU e executed with h and completely Pages 1078(23)	人能	0		THER'S NAME	ŀ	MIDDLE	Gabel.		15. MOTHER'S MAIDEN NA FIRST Caroline	MIDDLE	Eigenbau	er	
	/	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 197-01-2879 Mrs. Lily Gabel Same as #13											
25, 201 W. PRES	5, 201 W, PRES vires, that the de rigned by the art en please remove burial, cremotion	Jury, or other trou	N	Conditions, it ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Transport to the terminal disease or condition given in Part Transport to the terminal disease or condition given in Part Transport to the terminal disease or condition given in Part Transport									
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ia a	ATTENDING hespital or o RECTOR, alte ed for sixe or pit of Health	em 21 is mail	S. H.	226. Lectify that (1) (this haspital) attended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10									
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	DHMH - 16 50M 4/	'B2	24 FU	NERAL DIRECTOR	atomy	Board	ADDRESS	Bal	to. Md. 25E	P 1 7 1986	25b. REGISTRAR'S SIGNA	TURE	

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yor day	3. SE			4. RACE		5 DATE C	FBIRTH	6. AGE (IN YEARS LAST BIR	MATE V	FUNDER I VEHR FELIN	DER 24 1985
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1 / E 2	USU.	AL RESIDENCE (IF NURSIN	G HOME OR		IVE RESIDENCE BE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 IP CODE		
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Sed on the	- (YES, NO OR UNKNOWN)	(IF YES, GIV	WAR OR DATES)							
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		BURIAL, CREMATION, R	EMOVAL					CITY OR TOWN		COUNTY	STATE
BP		Burial		9-26-8			y Valley Mem.			Balto.,	Md.
DHMH - 16 60M 7/84		UNERAL DIRECTOR			ADDRE	1050	York Rd. 21204 SE	E REC'D BY REGISTRAR	256. REGISTR	AR'S SIGNATURE	
(VRA 15, 4)		Ruck Towsor	Fun	eral Hom	e, Inc	.Towson	,Ma. 21204 SE	h 300 1800			

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0-19036	1	FOR - STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND LEALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 0	2 4	5 9 0
oy be deoth	(TY	ECEASED NAME PE OR PRINT) Lest	tr.	VID Gel	b	9-	22-86	207 PM
oge 4 m	3. S	MALE	WHITE	S. DATE O		6 AGE (IN YEARS LAST BIR	YRS MONTHS D	PAYS HOURS MIN.
2 2 2 2		BIRTHPLACE (STATE OR FOREIGN NEW YORK	USA	MARRIE			E COUNTY	MD.
ors officer	1	CITY OR TOWN OF DEATH RANDALLSTOWN	BALT IMO		DROTHER INSTITUTION ENERAL HOSPITA	120 USUAL OCCUPATION OF THE MANAGER	F WORKING LIFE) 126 KIN RE1	ND OF BUSINESS OR TAIL CLOTHIN
in 24 hou	3a	MARYLAND BAL		RESIDENCE BEFORE ADMISSIONS CITY OR TOWN I KESVILLE	13d INSIDE CITY LIMITS? YES NO M	4 STOCKMIL	ZIP CODE APT.	A (21208)
MARYI minple	1	MORRIS	WIDDLE	ĠĔ Ľ B	is mother's maiden na ŚÄRAH	ME		KATZ
oe execut		WAS DECEASED EVER IN U.S. AF		50-14-0087	MISS JUDY GE	ELB 110 WOOD		CRANSTON, R.
ron ST, BAL th certificate anding physici carbon paper n, or removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (o)	A CONSEQUENCE OF	Abscess	l bladde		PROXIMATE INTERVAL VEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of this certificate has been signed by the attending physician and campletury littled has been signed by the ottending physician and campletury littled has a bundinary permit. Then please remove coloropopers, Pages, Tanta Thieurid In and Mariol Hygiene prior to bundi, cremation, or removal. orked or Item 18 shows any injury, or other traumatic event, the medical colors.	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(c)	A CONSEQUENCE OF	0			RT No.
The low required is to be be be been sit permit. The gleene prior to how sony in hows ony in the bear sony in the bear sone sone sone sone sone sone sone sone	CERTIFICATION	19a DATE OF OPERATION		N FOR WHICH OPERATIO	1,741	YES NOXX	20b. IF YES, WERE FI IN CERTIFYING CAU YES	USES OF DEATH?
G PHYSICIAN: of this certificate is the buriel-from and Mentol Hysi ked or Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P.M.	MONTH DAY YEAR	211. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI		
OR ATTEND e hospitol o DIRECTOR: A ched for use Dept. of Heol		220. I certify that (I) (this hasp sow the deceased live or obove. (I) (we) (did) (did not 22b. SIGNATURE	on yiew the body after	19 0000	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the do	22c. D	the couses stated
TO HOSPITAL TO FUNERAL Should be deto with the Stote with the Stote IMPORTANT: If	23a	RAFA BURIAL, CREMATION, REMOVAL BURTAL / REMOVAL	7 7 F	GIRGU 1234 NAME OF C SINAI (Baltim EMETERY OR CREMATORY CEMETERY	23d LOCATION WARWICK,	R.I. COUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		FUNERAL DIRECTOR SOL	LEVINSON VN RD. BAL	& BROS. TIMORE, MD.		FP 2.4 1986		



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	ò	9			
	REG. NO.	64	and	The state of	3

	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	O	391		
		GRASED NAME FIRST MILDA	アカ	WIDDLE	FR.	ast A	20. DATE OF DEATH	MONTH DAY YE	AR 2b HOUR		
	3. SE)		4 RACE	WHITE	5. DATE C	PR. 25, 19, 5	6. AGE (IN YEARS LAST BUT		YEAR OF UNDER 25 HRS		
9	N	RTHPLACE (STATE OR FOREIGN OUNTRY) EW YORK	US		MARRIEI WIDOWE	D DIVORCED		ORE COUNTY	MD.		
5	R	TY OR TOWN OF DEATH ANDALLSTOWN	BALTII	MORE COUN	TY GE	N. HOSP.	(TYPE OF WARK FOR MOST C HOUSEWIF	ND OF BUSINESS OR			
5	13a S M	ARYLAND BAL	YTY	BALTIMO	N	13d. INSIDE CITY LIMITS?		ZIP CODE D MILL RD.	#21208		
30)	THER'S NAME MAURICE	MIDDLE	HENRY		15. MOTHER'S MAIDEN NA/ CAROL INE	THE PARTY OF THE P				
1	160 W	NO WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MR.JACOB GERSHISS O95–18–7522 912 MILFORD MILL RD. #21208									
(A	ATION	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSE (a) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Querise to immediate cause (a), stating the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a- 196 DATE OF OPERATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERDORMED 206 AUTOPSY? 206 AUTOPSY? 206 AUTOPSY? 207 AUTOPSY?									
19	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P. PLACE	m, month da m,	19	211. LOCATION STREET	YES NO	0.877038	NO		
		22a.1 certify that (1) (this hosp saw the deceased alive ar abave, (1) (we) (dig) (did no 22b. SIGNATURE		19	1	, 19_ nd that in (my) (aur) apinion of the control	, ta death accurred on the d MEDICAL STA DIRECTOR PHYSIC	FF A.1 O			
1		22d PHYSICIAN'S NAME TYPE OF	PRINT	YEDM	11)	BALTIMORE	MUNTY	GEN. H	PAPITAL		
+	(URIAL, CREMATION, REMOVAL SPECIFY) BURIAL UNERAL DIRECTOR SOL LE	SEPT.	15,1986		EMETERY OR CREMATORY MONTEFIORE W 250. DAT	23d LOCATION CODMOOR BA	LTIMORE 256 REGISTRAR'S SIG	MD STATE		

DHMH - 16 60M 7/1 (VRA 15, 4)

6010 REISTERSTOWN RD.

4 E0-9 BOTT 24 4 The property of the party of th

Tell Education Ave. Categorital . 10. 1120 contacts

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0.0			1-	OR 9/24/8	per D	14)		MENT OF H					TH	2 4	1 3 9	64
00-	1815	8	. DEC	EASED NAME	FIRST	77122	WIDDLE	EXAMINA	IN 3 C	AST	AILO		20. DATE KNOWN	MONTH	PAY YEAR	2b. HOUR
	28.5. % E		{TYPE	OR PRINT)	Emma		F.			Giess			OF ESTI- DEATH MATED	009	1/11 1986	
	SARY, PLEASE AL DIRECTOR. YOUR FILES. IN 72 HOURS	M	. SEX	4. RAC		5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR	s IF UNI	DER 1 YR.	IF UNDER		2c. DATE	MONTH	DAY YEAR	2d HOUR
	SSARY, RAL DIRE R YOUR HIN 72 H	X	Fem	ale Whi	te	2-27-190	-	77 YRS	moran	DAYS	HOURS	MIN,	PRONOUNCED DE AD		19	, M
	SSA SSA	24	7a. BIF	THPLACE (STATE OR	35/11	76. CITIZEN OF WH	IAT COUN	TRY?	MARRIE	D NE	VER MARRI	ED 🐼	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
-	MARK 8		Ba1	to., MD		USA			WIDOWE		DIVORC	ED O	Baltimore	Count	у	MD
	元本祭司	PY5	10 CI	Y OR TOWN OF DEA	ATH	11. NAME OF HOSI	PITAL, NU	RSING HOME,	OR OTHE	R INSTITUT	TION	12a. USL	JAL OCCUPATION (1	TYPE OF WORK	12b. KIND OF BU OR INDUSTR	SINESS
1	2			to. Count		39 Green	wood	Ave.,		0. 21	206		k-Keeper		Retired	
4	(44)		ISUA ISO. ST MD		136 COUNT Balt	Υ		OR TOWN		13d. INSIDE CI YES 🔲	TY LIMITS?		eet address Greenwood	Ave.,	21206	
119		100	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	NNAME	WIDDLE		LAST	
	S S S S S S S S S S S S S S S S S S S	30		Henry		J0seph		Giess		E	mma		Helena		Giess	
	FOR THE	5/	(YE	'AS DECEASED EVER	IN U.S. ARM	VAR OR DATES)		CIAL SECURITY		17 INFORM			ADDRE			
	S AF GIN PAG	2/		No				-05-15/)	Greta			e, 219 Pri			
	ST. OUR	3	3	18. CAUSE OF DEAT PART I DEATH W	H (Enter anly	ane cause per ling	for (a), (b), and (c).)	156	11	10	Bel .	Air, MD 2	21014	APPROXIMATE BETWEEN ONSET	AND DEATH
- 33	N N N N N N N N N N N N N N N N N N N	NAL N			IMMEDIATI	E CAUSE (a)		VSEQUENCE OF	03	CF	210	0.1	1C C M	7001	9-	
100	ZZAZZ	EWO		Canditians, if		1	TA	SCIT	LY	TR	Di	15	ASE			
	W. W	295		gave rise to cause (a) stating		(b)	AS A CON	SEQUENCE OF			17 - 1		11)			
MAG	MAL BEA	2 2		lying cause last.		(6)	-									
Line	B S S S S	25		PART 2 OTNER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO DEATH E	OT NOT RELA	LTEO TO THE TERMIN	AL OISEASE	OR CONDITION	N GIVEN IN PAI	RT 1 (a).			1	
	NE N	NEW TOWN	NO													
	A PARTY OF THE PAR	17	CERTIFICATION	19a. DATE OF OPERA	MOITA	19b. CONDIT	ION FOR	WHICH OPERA	TION WA	AS PERFOR	MED?			641	20. AUTOPSY?	
	AS TO SE	280	E												YES 🗆	NO
	A FEE	25	100	UNDERLYING	OR			DAY YEAR	ZIc HO	W INJURY	OCCURRE	D (ENTER I	NATURE OF INJURY IN ITEM	18 PART 1 OR PA	ART 2)	,
	AL OFFICE	SION I	MEDICAL	CONTRIBUTING 21d. INJURY OCCUR		P.M.	F IN II IDV	19	21f LOC	ATION						
	S CERTIFICATE RETING THE W RDED TO THE RES SHOULD IN	9.10	ME	WHILE NOT	WHILE	STREET, FACTO				REET			CITY OR TOWN	co	YINUC	STATE
	HAWA PAGE	125		AT WORK AT W	ORK							V				
	A S S S S	ES	10)	af the remains desc			Autaps		Inspection			and in my a	pinian	
-	REC BE	1 2		death resulted from	Naturo	al causes	Accident	Suic	ide 🔲,	Hamic		Undet	ermined manner		- 1	. ,
	T SO TO TO	1		ACTUAL SIGNATURE	w	1110	11	1-	44.1	TITLE (S	400	Til	ical Evanage	DATE	9/11	26
	SES S	587			010		. /		M.I	0	170	MED	CRUEC	E RIGHT	AUG	0
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL IN	4		EXAMINER'S NAME (TYPE OR PRINT)	VM	0/-1-	(-1566	· LN	DDRESS_	B	AL.	TIMER	Em.	0212	37
	8P.	6.5	23a. BU	RIAL, CREMATION, R		-13-86		NAME OF CEMI lair Mei				Be.	CATION OR TOWN L Air	Har	ford, MD	ATE
	DHMH-1			NERAL DIRECTOR		ADDRESS							REGISTRAR 256. RE	GISTRAR'S	SIGNATURE	
	(VR A15 ME	(5))	Jo	hn C. Mil	ler, I	nc., 6415	Bel:	air Rd.	2120	06	SEE	1.6.	1986 Amer	Trinitation,		A
	13/112/0															

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ö	U	Ca	43	100	1	N.
	REG. NO.					

	1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG	GIENE	v 2 reg. no.	4	9 5
		CEASED NAME ORPRINT)	DSCA	OSEPH	MIDDLE	191	GIGLIO	20. DATE OF	Tember 16	16886	26 HOUR CO
	3. SE>	(1	4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YE		F UNDER 1 YEAR	IF UNDER 24 HRS
		Male		whi	te	May	9, DAY 1903 EAR	83	YRS.	ONTHS, DAYS	HOURS MIN.
2		RTHPLACE (STATE OR FO	ORE IGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D MEVER MARRIED	9. BALTIMOR	RE CITY OR COUNTY		
		Italy		u.s.		WIDOWE		Baltimore, County,			
3	+	TY OR TOWN OF DEA	*	ST.	TOSEPH	ADDRESS]	OR OTHER INSTITUTION		occupation for most of working life) 2d Barber	INDUSTRY	rber
9	13a. S	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION TY	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET A	DDRESS / ZIP CODE		
5	Ma	ryland	Balt	imore	Catonsvi	lle	YES NO KIX		Chalfonte	Drive	21228
2	14. FA	THER'S NAME FIRST UNKNOWN		MIDDLE	Giali	Giglio Is. MOTHER'S MAIDEN NAME FIRST Unknown					
	16a V	VAS DECEASED EVER I	N U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS						
1	No	(ES, NO OR UNKNOWN)	(IF YES, GIV	WAR OR DATES)	212-01-1	082	Concetta Gi	Same as #	13		
		Canditions, if any, gave rise to imm cause (a), stating underlying cause	which dedicate g the last.	DBY: E CAUSE (o) DUE TO, 0 (b) DUE TO, 0 (c)	RAS A CONSEQUE	NGE OF	enal Foilus to C.V. Rex	val D			MATE INTERVAL INSET AND DEATH
3	CERTIFICATION	IN DATE OF OPERA	Orono	ake ar	ITION FOR WHICH	OPERÁTIO	NIMOS PERFORMED	20a AUTO	PSY? 20b. IF YES,	WERE FINDIN	IGS USED
4	RTIF	8/29/0		V-		lery 1	Sypass Graffin	150	NO YES		NO [
7	10.25 (11)	218. ACCIDENT WAS UND	AUSE OF DEA		M. MONTH DA		21c. HOW INTURY OCCUR	RED (ENTERNAT	TURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)	
31	MEDICAL	216 INJURY OCCURR		21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE, FA	19	211 LOCATION		CITY OR TOWN	COUNTY	STATE
	2	ORK NOT WHI	K .	(A) NOME, SI	ALEI, FACIONI, OFFICE, FA	unit, ere j	/ 6/		. / .	01	
		saw the decease abave, (#) Me) (d	d alive an	9/	16 19 6		nd that in (my) (aur) apinion DEGREE	death accurred	d an the date and hour	and fram the	
0		leste	,9	. Wal	e Ji.	m		MEDICAL DIRECTOR	STAFF PHYSICIAN	270 DATE :	16/86
1		TESTER	A. L	VALL	Jr. M.	D.	7620 Yor	, 1	Towson	md:	21204
	(.	BURIAL, CREMATION, I		9/19/	86 Ne	w Cat	emetery or crematory chedral Cemete	1	altimore		Maryland
1		HERAL DRECTOR R					21228 250. DAT	1 8 1981	GISTRAR 256 REGISTR	AR'S SIGNATI	186.1

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST CHARLTON MIDDLE MERRICK 20. DATE OF DEATH GILLET HOUR LIYPE OR PRINTS IF UNDER 1 YEAR 3. SEX RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH White November 11,1889 Female 96 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Maryland Baltimore County WIDOWED DIVORCED [IR CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Lutherville College Manor N.H. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 907 Rolandvue Ave. 21204 Baltimore Maryland Towson 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Samuel K. Graf Merrick Mary C. 6 Roland 166 SOCIAL SECURITY NO 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) Mrs. Charlton G. C. Friedberg 214-24-9016 Mews -10 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c Bronchopneumonia PART I. DEATH WAS CAUSED BY: 2 days IMMEDIATE CAUSE (0)_ DUE TOWARTS TION FAIT SET CT dementia 2 years Conditions, if onv. which gave rise to immediate cause (o), stating the DUE TO, OR AS A TENTIONS CIE Protic cerebral disease underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION none 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? none 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH injunt (IF FITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ saw the deceased alive an_ and that in (my) (aux) apinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) old b Charles E . Ellicott M.D. York Road Lutherville 231. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION (SPECIFY) 9/22/86 Burial Druid Ridge Pikesville Baltimore Maryland 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGIS DHMH - 16 50M 4/B2 Mitchell-Wiedefeld Home 6500 York Road 21212 (VRA 15, 4)

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			FOR Marry C. G	:3 wass D			MARYLAND	HYCIENE		-05			
00-1	8787	1-	FOR Mary C. G STATE REGISTRAR		EPARTMENT OF H			-	REG. N	2	4 5 9	1	
00-1	0/0/ Naka 2m	1. DE	CEASED NAME FIRST MARY	(MIDDLE	t.	RDY		ATE KNOWN OF ESTI- ATH MATED		20 1986	26. HOUR	
	PAR PLEATON PRICE	I. SEX	male White	5. DATE OF BIRTH	6. AGE (IN YEAR LAST RIPETHOAY YEAR) MONT	NDER 1 YR. IF UNDI		DATE NOUNCED DEAD	MONTH		24. HOUR	
	MAN WHAN WHAN WHAN WHAN WHAN WHAN WHAN WH	To B	REIGN COUNTRY)	76. CITIZEN OF WH USA	AT COUNTRY?	MARR	RIED NEVER MAR	RRIED 🔲	El Baltimana Carretan				
	PAGE :	E	TY OR TOWN OF DEATH SSEX 21221	(IF NOT IN SUCHEAC	ITAL, NURSING HOME, JULITY, GIVE STREET ADDRESS) NCONT AVONU	ie .	HER INSTITUTION	ASSEM	CCUPATION (TY F WORKING LIFE) OLOT	PE OF WORK	Aircraft	ISINESS	
21201	AND 3 AND 3 AND 3 AND 3 AND 3	13a. 5	RESIDENCE (IF IN NURSING HOME OF THE WATTE BALL)	TY IS CITY OR TOWN			13d INSIDE (ITY LIMITS? 13e. STREET ADDRESS 9 Vincent Ave. 21221						
BALTIMORE MD.	S S S S S S S S S S S S S S S S S S S	1	THER'S NAME Joseph		LAST		15. MOTHER'S MAI		nick		LAST		
MITIMO	S AFTER GIVE PA MITH FOR PAGES I	6a. V (Y	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	179 10 889		Robert (Gilroy,	Addres Son	Sam	e		
PRESTON ST.,	24 HOUR LONG W PERMIT. GIENE, D		IB CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT	E CAUSE (a)	or (o), (b), ond (c).) Con mac AS A CONSEQUENCE O	of	the Kids	rey wi	tt		APPROXIMATE BETWEEN ONSET	INTERVAL	
201 W. PRES	UTED WITHIN IN PENCIL IN EXAMINER A RAL-TRANSIT O MENTAL HY		Conditions, if any, which gove rise to immediate cause (a) stating the <u>under</u> lying cause last.	(b)DUE TO, OR A	AS A CONSEQUENCE O	F	multy	ple me	.tas tes	Q0	54	10 •	
RECORDS.	BE EXECU- NDING' I EDICAL E NS A BURI NITH AND SEMATIO	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMIN	AL OISEAS	SE OR CONDITION GIVEN IN	PART 1 (a).					
VITAL RE	SHOULD ONE 'PE ONT OF HE	CERTIFICATION	190. DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERA	TION	VAS PERFORMED?				20 AUTOPSY?	ио 🗸	
DIVISION OF	INCATE WORLD BE WOULD BE HOULD BE WARTIMEN TO THE WORLD BE WARTIMEN TO BE WELL TO BE WEL		214 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH P.M.	MONTH DAY YEAR		OW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM TO	B PART I OR I	PART 2)		
DIVIS	HIS CER WRITIN WARDED AGE 3 SI ATE DEP	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		F INJURY (AT HOME, DRY, FARM, ETC.)		OCATION STREET	CitY	OR TOWN	c	COUNTY	STATE	
•	TO MEDICAL EXAMINER 1 EXICUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR! PATER CEATH, WITH THE SIX BATTWORE, MARYLAND.	1.1	220 Certify that I took charge death resulted from: Nature ACTUAL SKGNATURE	13	ribed obove, held an Accident , Suic	Autor	osy , Inspect Hamicide LE (SPECIFI)	Undetermin		DATE SIGN	9/20	186	
	EXECUTE PAGE 4 SHOWN TO FUNER AFTER DEA	1	EXAMINER'S NAME J. CR	ossan C	Donora Com	N	ADDRESS 2112	Sundall	Ack.	Bult	., ml. 2	1222	
	BP	-	JŘÍAL, CREMATION, REMOVAL	9/23/86	23c. NAME OF CEMI		t of Jesus		imore Co		d.	ATE	
	DHMH - 17 (VR A15 ME (5)) 20M 4/82	H F	izdzinski Puners	1 /6/18 /11	1407 Old E	ast		2.2 198		SISTRAR'S			
	20111 47 02								-			44	

STATE OF MARYLAND

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page 3

STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG	REG. NO	2	há	5 4	
		CEASED NAME Mary Ar	na Glin	owiecki	l	AST	Sept. 20	1986 DAY	YEAR	26.15	pm
	3. SE	[×] Female	4. RACE White	е	S. DATE O	ist 31, 1890	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDI	ER I YEAR DAYS	HOURS M	HRS.
1	Po	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	WHAT COUNTRY	MARRIE		Baltimore County Baltimore County				
	Du	ITY OR TOWN OF DEATH	7013°B	ren twood	i Avenu	DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR WOST OF WORKING LIFE) HOmemaker 120. USUAL OCCUPATION (TYPE OF WORK FOR WOST OF WORKING LIFE) 120. KIND OF BUSINESS C				
5	Ма		NTY Lmore	Dunda II		13d INSIDE CITY LIMITS? YES I NO []	13. SIRETT ADDRESS /	Ewood Av	enué	120	25
0		ATHER'S NAME Phn FIRST	MIDDLE Wis	niewski		15. MOTHER'S MAIDEN NA	WE	Unkn	own LAST	113	8
1	No.	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	220-05-		Mr. Anthony	y Glinowiecki Same as #13				
	NC	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OI	R AS A CONSEC R AS A CONSEC DINTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CONI	DITION GIVEN IN	PART 110		_
7	CERTIFICATION	19a. DATE OF OPERATION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	E FINDIN CAUSES	GS USED OF DEATH?	_
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OF	RPART 2)		
	ME	WHILE NOT WHILE 220.1 certify that (I) (this hasp	(AT HOME, STR	REET, FACTORY, OFFICE	-	STREET 19.8	2 to 7/20		OUNTY	hat (t) (was	
1		saw the deceased alive a obove, (I) (was idea) (did n 22b SIGNATURE	ot) view the bady	-18/319		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	ate and hour and f		auses stated	
_		SURIAL, CREMATION, REMOVA	23b. DATE	ER 79		3509 BLANT EMETERY OR CREMATORY	23d LOCATION	my bos	1, 2	122	4
	_	rial	Sept.	24,1986	Holy	Rosary	Baltimore				
	19 17	NERAL DIRECTOR				250 DAI	E REC'D. BY REGISTRAR	DD. REGISTRAR'S	SIGNATU	JKE	

DHMH - 16 60M 7/84 (VRA 15, 4)

CharTton-Schweiger

2007 Eastern Avenue

SEP 25 1986 Juna wardon promise

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#14 Vincent Co. 1577-0-013

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				STATE OF MARYLAND		
M0-17571	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	24000
at to the state of	())))(EASED NAME FIRST ON MARIE	I, G	OCHENOUR	20 DATE OF DEATH MONTH D	-86 1:30 M
age 4 ms	1. SE	F STATE ON HOME IGN	RACE WHITE Th. CITIZEN OF WHAT COUNTRY	5. DATE OF BIRTH 125-1919 18		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
death 7	26	MD.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO. CO	* MD.
2	F	PRKVILLE	3005 CALL FOR	NIA AVE. 2/234	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
33	taa s	THER 5 NAME	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE NOTY 13c CITY OR TOV	VN 13d. INSIDE CITYLIMITS?		ST. 21224
WART TO CO		JOHN	MIDDLE HAFFER	NELLIE	MIDDLE CAU	ANAUGH
IMORE.		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATEST	2204 MARLENE RU	TKowski 3005	CALIFORNIA AVE
N ST., BALI certificate I certificate i changes of temoral ficewent, tiff		PART I. DE ATH WAS CAUSE	TE CAUSE (a) 176 40 CM	DIM Infartion	~	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I W. PRESTO that the death by the otherd case services co case services co		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)			
RDS, 20 equires Their pit to burit rejury, 0	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART 110
At RECOI	FICAT	THE DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
IOF VIT.	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	RED (FINTER NATURE OF INJURY IN ITEM 18 P)	ART I OR PART ?)
DIVISION OF STRENGING & STRENGING & STRENG	MEDICAL	WHILE OCCURRED NOT WHAT AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDRA TOP At 100 At 10		saw the deceased alive ar	ital) attended the deceased fram. 19 19 19) view the body after death.	0/	death occurred an the date and hour	ond from the causes stated
FEAL DREED STORY OF S		22d, PHYSICIAN'S NAME (TYPE	at felients	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O HOSPIT Trained by O FLWER Nould by d		ROBERT	LIBERTO	3508 BAN	K ST. 21224	
ВР	234.	BORIAL	9-11-86 23c	AKLAWN CEM!	23d LOCATION CITY OR TOWN BA	GO. G. MD.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	LOFFMANN-S	KARDA 3218 K	LUDSON ST. SED	TE REC'D. BY REGISTRAR 256. REGISTI	RAR'S SIGNATURE

0.00-17571 PARIE IN GOCKERNE 1947 37 1849 1 1 1 1 1 1 1 1 1 FRENDLES SHEET CHEFFERDLE HUELFERD LEHR CHIPPER VEILE CHANGEH Brown R. Paperte Gardenel Pront ALTHORNA SHARM SELP HORSON STEELS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Lie	4	0	U	2

	REGISTRAR AKA Mi	ldred Fo	ltz	CERTIF	CATE OF DEATH	REG. NO).			
	CEASED NAME FIRST	,	VIOUE	L	AST	2a. DATE OF DEATH		DAY YEAR	2h HO	JR
{14b£	OR PRINT) Mildre	d	G	rame	ns	September	27.	1986		N
3, 563	X	4 RACE	5	. DATE O		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR		R 24 HRS
1	Female	Whit	e	Mar	ch 5, 1913	73	YRS.	MONTHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	AA A DDIE	NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH		
	Penna.	USA		VIDOWE		Baltimor	re Co	unty,		MD
7.	ITY OR TOWN OF DEATH		OSPITAL, NURSING		R OTHER INSTITUTION 221	120 USUAL OCCUPATION OF WORK SOR MOST OF LIFT	on Oper	12b. KIND INDUSTRA	ress	Co.
	AL RESIDENCE (IF NURSING HOME 13b COL Balt		GIVE RESIDENCE BEFORE AD	MISSION)	134 INSIDE CITY LIMITS?	13e SIREET ADDRESS 4	ZIP COL	ad 2122	1	
14 FA	ATHER'S NAME Alfred	MIDGLE	Shelters		15. MOTHER'S MAIDEN NAME FIRST	WIOOFE		?	\ST	
	VAS DECEASED EVER IN U.S. A	RMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURIT 232 26 77]		Patricia Eh	rman 92L		tin Rd.	212	21
NOI	Conditions, if ony, which gove rise to immediate couse fol, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	((c)	R AS A CONSEQUENT		NOT RELATED TO THE TERM	ninal disease or coni	DITION G	IVEN IN PART 1	(0	
CERTIFICATION	19a. DATE OF OPERATION	196 COND	TION FOR WHICH OF	PERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	es, were find Tifying cause Tes [TH?
¥	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DAY M.	YE AR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	PY IN ITEM 18	PART 1 OR PART 2)	18	
MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FARA	A, ETC)	211 LOCATION STREET	CITY OR TO	wn /	COUNTY		STATE
	220.1 certify that (I) (this has sow the deceased alive a above, (I) (web(edd)) (did i	n Al	Demlecio 3	Ja., an	Lihat in (my) (our) opinion	death accurred an the do	ole and ha	_	, that (1) e couses s	
	226. SIGNATURE	Mys				MEDICAL STAF	F IAN []	22c. DAT	38/	186
	THE PHYSICIAN SNAME 112	PITAY			910 1 FRA	INICLIN 8	0 D	R. BA	270, M	11)
23a B	BURIAL, CREMATION, REMOVA	236. DATE 9/29/			emetery or crematory Heart Cemeter	23d LOCATION CIENTIFIE	ore	County,	Md.	STATE

DHMH - 16 60M 7/84/

FOR

ruzdzinski Funerał Lome PA 1407 Old Eastern Ave. SEP 30 1986

18345	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 🐶 🔾	24000
		CEASED NAME OR PRINT)	MIDDLE C	roen LAST	REG. NO. 20 DATE OF DEATH MONTH 9 - 14-8	DAY YEAR 26. HOUR G
oge 4 ma) vrector, po purt offer d	3.5E	F	A. RACE	5. DATE OF BIRTH MOUNT AT 1895	6. AGE (IN YEARS LAST BIRTHDAY) 9/ YRS	
to 000		TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUN BALTO. (2) 1120. USUAL OCCUPATION	Se . MD.
18	7	SCUSON, MA	(IF NOT IN SUCH FACILITY, GIVE ST	eph's L65 pital	(TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
the 24 h	130.3	THEFS NAME	13c CITY OR T	OWN 13d INSIDE CITY LIMITS? MORE YES NO	130 STREET ADDRESS BOOM	1.0
complete	1	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	ris Liza	ADDRESS	Turner
ion ond		(IF YES, GIV	(E WAR OR DATES) 2/7- U	5-393 Alberta 1		Boarman Avenu
ng physic bon pope r remaval		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT		DVASCULAR ACCID	ENT-MOBRA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
offendi ove cor offen, or roumoti		Canditions, if any, which gave rise to immediate		BLE ARTERIOSCI	EROSIS	
ned by the please rem urial, crems		cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFIC ANT (DUE TO, OR AS A CONSE	QUENCE OF	MIN AL DISEASE OF CONDITION O	CAVEN IN DART 1
been sign mit. Then prior to b ony injury	CERTIFICATION	CONGESTIVE	HEARTFAIL	CH OPERATION WAS PERFORMED	PRIOSCLEROTI LCI	PROTOUASCULAR VES, WERE FINDINGS USED
hos ows	RTIFIC	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	In Howard or a	YES NO IN CER	TIFYING CAUSES OF DEATH? YES Z NO
aing prysicals certificate burial-tronsif Mentol Hygi or Item 18 sh	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART 2}
After this se as the bu alth and M marked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		CITY OR TOWN	COUNTY STATE
CTOR: . d far use . of Hea		220.1 certify that (this hospi saw the deceased alive on	tal) attended the deceosed fro	m, 19, and that in (my) (aur) apinian	death occurred an the date and h	aur and fram the causes stated
y the ho		THE STORAGE STORAGE	400	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9-14-86
etoined by the should be det with the State		REYNALDO DR		27. ADDRESS		
e = ₩ 3 ≤ 1	23a. E	urial, cremation, removal Burial		Remortial Park	23d LOCATION CITY OR TOWN Arbutus	COUNTY STATE
MH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME FUNETAL HOME	West 4300 Wabash		TE REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

86-24604

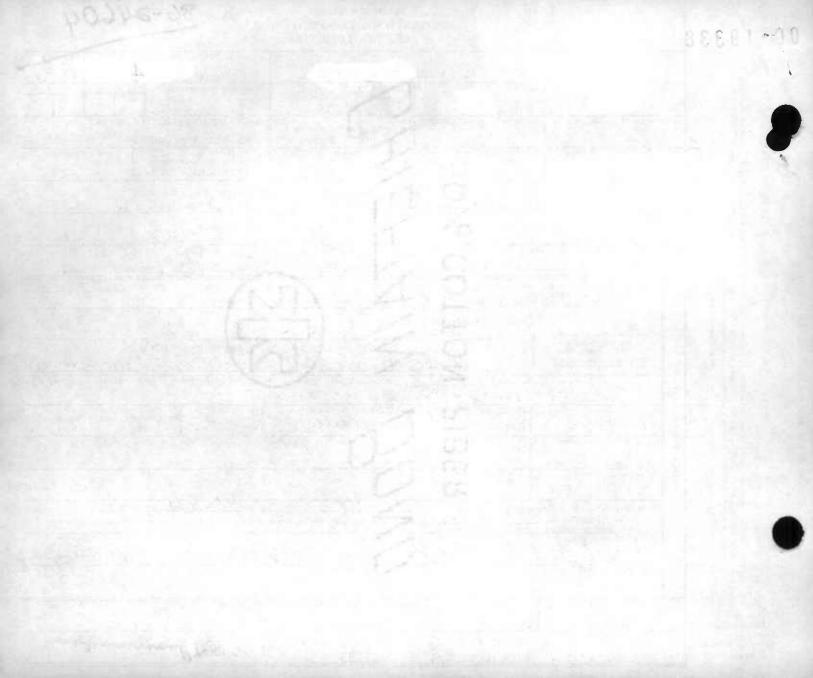
	1.	FOR STATE				DEPARTM	NENT OF		ND MENTAL HY	GIENE	06	-24	60	14	
Ö		REGISTRAR					CERTI	FICATE (OF DEATH		REG. NO.	0	-	4	
		CEASED NAME	FIRST	10000	WIDDLE			LAST		2a. DATE OF I	DEATH MON	TH DAT	16.68	Zhame LID	10
	1111	OK PKINI)	Mic	hael	J.	Gre	gori			Septer	nber 24	, 1986		12-14	M
	3:5E	X		4. RACE			S. DATE		AY YEAR		ARS LAST BIRTHDAY	IF UNDE	RIYEAR	IF UNDER 24 HI	
	Ma	le		White	е			-26-1		78	4	YRS	DATS	HOURS MI	ν.
5	7a. 81	RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OI	F WHAT CO	OUNTRY?	8 MAPPI	ED NE	ER MARRIED	9 BALTIMOR	E CITY OR CO	DUNTY OF DE	ATH		
5		rginia			USA		WIDOW		DIVORCED [imore (County		-	MD.
2	10 CI	ITY OR TOWN OF DEAT	Н	11. NAME OF	F HOSPITA			OR OTHER	INSTITUTION	12a. USUAL O	CCUPATION FOR MOST OF WO		KIND O	F BUSINESS (OR
5		ndallstown		Balti	more	Count	y Ge		Hospita		nant Ma			ired	
9	USU,	AL RESIDENCE LIF NURSIN	IG HOME OR	OTHER INSTITUTIO		OR TOW			DE CITY LIMITS?	13e STREET AL	DDRESS / 7II	CODE			
5	Ма	ryland	Balt	imore		esvil		YES [NO 🔀			ad Rd.	2	21208	
1	14. FA	ATHER'S NAME		MIDDLE		LAST	100	15. MOT	HER'S MAIDEN N	AME	MIDDLE		LAS	7	
J		Nichola			Grego		mP.		Maria		atalina	ı	It	alia	
-		VAS DECEASED EVER IN		MED FORCES?	16b SOC	CIAL SECU	RITY NO.		RMANT Pike		ADDRESS	MD	212		F-8
		No		-	212	-16-3	1033	Mrs.	Rosalie	Stewart	8206				
		18 CAUSE OF DEATH PART I. DEATH WA	(Enter on	ly one couse p	er line for I	01, (b), one	die.	_ /	28000	A-		8	ETWEEN (MATE INTERVAL	н
		W.	MMEDIAT	E CAUSE (o)	Lu	ece	in	/ (nen						-
				DUE TO,	OR AS A C	C 1	NCE OF	ch	nole						
		Conditions, if ony,	ediote	(b)_		sep	TIC	Doct	or the	gast	0 10 21	trons			_
		couse (o), stoting underlying couse	the lost.	DUE TO,	OR AS A C	ONSEQUE	NCEOF	reet.	oracia	h 1 - '	PLCENO	atil o	Sunt		ti
9		PART 2. OTHER SIGNI	FICANT (ONDITIONS (CONTRIBU	INGIOD	EATH BU	I NOT REL	ATED TO THE TER				PART 1	1 102	- Service
Н	8	Old	00	sehr.		scu	100	2 0		ent.	ON COLVERN	OIT OITE IT IT	AKI (II	071	1000
7	CERTIFICATION	19a. DATE OF OPERATION	ON	196 CONI	DITION FO	R WHICH	OPERATIO	N WAS PI	RFORMED	20a AUTOF		L IF YES, WERE			
۷,	TEX.	9-19-8	6	Pesh	orai	ted ;	gas	teici	ileers	YES 🗆	NO	CERTIFYING (LAUSES	NO [
5	8	71a. ACCIDENT WAS UNDER	_	NO.	OF INJURY		Y YEAR	21c. HO	W INJURY OCCU	RRED (ENTER NATI	JRE OF INJURY IN	ITEM 18 PART FOR	PART 2)		
F	A.	OR CONTRIBUTING CA		NIN .	м.м. мо Р.М.	MIR DA	19								
	MEDICAL	214 INJURY OCCURRE	D		E OF INJUR		515)	211. 100	ATION		CITY OR TOWN	(0)	UNTY	STATE	7-16
	2	AT WORK	E 🗌	(AI HOME S	IREET, PACTO	NY, OFFICE, F	ARM, ETC. J	100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		01				
		22a I certify that (I) (1					d.	-19	- 19 8	6.10 9	-a4	19 8	6	that (It (we) I	ost
		saw the deceased obove, (1) (we) (die	d olive on d) (did no	t) view the bod	ly ofter dec	19_C	56.0	nd that in	(my) (our) opinio	n deoth occurred	on the dote o	nd hour and tr	om the	couses stated	
		226. SIGNATURE	87.	10	0.1	. 0		DEGREE		/		22	c. DATE	SIGNED	
		Mecell	au	124	QQ/	ack		MI	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		1-2	4-86	1
1		77d. PHYSICIAN'S NAM	ME (TYPE O	R PRINT)	1			22e ADI	DRESS		346		193	12-30) Am
						THE STATE OF				APLC:					
		BURIAL, CREMATION, RI	EMOVAL	23b. DATE					OR CREMATORY	CITYO	PTOWN	COUN	TY	STATE	
	. 11	Burial	45.00	9-27-		Mos	st Ho	1y Re	deemer (Cem Balt	imore (City M	D		
	24. FU	JNERAL DIRECTOR L	oring	g Byers	Fune	ral I	Direc	tors,	Inc 250 DA	TE REC'D. BY RE	GISTRAR 2%.	DEGISTRAR'S	IGNA	NE FILL	
		728 Liberty								EPZOR	ME A				

21133

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, If hom 21 is

8728 Liberty Rd. Randallstown, MD



		1	1				STAT	E OF MARYLAND			
			1.	FOR STATE		DEPART	MENT OF H	EALTH AND MENTAL HY	SIENE O O	1	
	- '			REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	10.	1000
11	7241			EASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		YEAR 2b. HOUR
	100	0.4	1146	Mr. Ja	cob Gun	ther			Septem	ber 7 1986	
	and a	4	1.589		4. RACE		S. DATE		6 AGE (IN YEARS LAST BE		
1		1	M	ale	Caucasi	an	July	31 1916	70	YRS.	DAYS HOURS MIN.
4	0 pg =	54	WE D	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DE	ATH
	772	5	M	aryland	U.S.A.		WIDOW		Baltimore (County	AC.
	3 3 4	2	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	TION 12b.	KIND OF BUSINESS OR
= 1A	-10	DC	R	andallstown		ey Fox Land		102	Teacher-Bal		City
20	1	3		L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				
2	原性	35	M	aryland Bal	timore	Randalls		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	Fox La. Apt	102 21133
YIA	79	100		THER'S NAME			3001111	15. MOTHER'S MAIDEN NA	ME	Oil Little Tipo	
AAR		300	F	rank J. Gunther	WIDDIE	LAST		Anna Kiltzer	WIDDLE		LAST
#	6	2		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 IN MPS ANAnna Gu		ESS	21133
WO	and and	ge/	N		GIVE WAR OR DATES)	212-03-	1670	8603 Grey Fo		Randallstown	
E .		1	- 14					1 0003 arey ro	A IEIC		APPROXIMATE INTERVAL
60	700 P	- Perit		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		7.	ANCAR	lial infaction	~		ETWEEN ONSET AND DEATH
157	But But	4		IMMED	IATE CAUSE (o)	110	your	0-10- 70:			
0	end 6.0	200			DUE TO, O	the interest		erteresseleration	Cardinoppeul	av huero	
RES	an and an and an and an	100		Conditions, if ony, which gove rise to immediate	(b)	Agricum	we c		Cy local Care	2000	
W. PRESTON ST	E 625	è		couse (o), stoting the underlying couse lost.	DUE TO, O	R AS A CONSEQUI	ENCE OF			3	
101	Total Total	0			(c)						
50	und o	hus	z	PART 2. OTHER SIGNIFICAN	T CONDITIONS C	ON I RIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	4DITION GIVEN IN E	PARI No
DIVISION OF VITAL RECORDS	1 1 1		ATION	19a DATE OF OPERATION	IN COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IE VES WEDE	E FINDINGS USED
W.	5 5 5 5	004	5	DATE OF OPERATION	176 COND	mortok winer	OFERATIO	WAS FERI ORMED		IN CERTIFYING	CAUSES OF DEATH?
TAL	0 4 4 8 B	- 1	CERT	210. ACCIDENT WAS UNDERLYING	☐ 21b. TIME C	A ALILIBY		13), HOW MILLIPY OCCUP	YES NO	YES [NO 🗌
5	A STATE	0	0	OR CONTRIBUTING CAUSE OF	440000	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART I OR	PART 2)
2	Series Control	17	CA	(IF EITHER, NOTIFY MEDICAL EXAM		Μ.	19				
05	ET FAR	0	MEDIC	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR T	OWN CO.	UNTY STATE
NIG	to to the	O K	8	AT WORK AT WORK				V-7-	0 /08	107	
	N 0 0 0 0	£		220 I certify that (I) XIIISX63	KANDKottended 11	edeceosed from_	5/10	17/519			, that (I) KeNast
	of the	5		sow the deceased alive obove, (1) X-X) XdXX did	not) view the body	ofter death.	, 0	nd that in (my XXX opinion	death occurred on the o		
	Day of the Car	Ē		22b. SIGNATURE				DEGREE	MEDICAL ST		c. DATE SIGNED
	4 4 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			9	ohn g.	Janele			MEDICAL STA	CIAN	9/8/86
-	ed by the state of	OKTA		22d. PHYSICIAN'S NAME (N	PE OR PRINT)			22e ADDRESS			
	THE OFF	2		Dr. John	J. Darrel	.1		9017 Li	berty Road	Randalls	town, MD.
,	ZE FTS.	2	23a. E	URIAL, CREMATION, REMOV	AL 23b. DATE	230 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	BP		B	urial	09-09-8			iew Memorial Park	Svkesvill	e Carro	11 Marvland
D	HMH - 16 60M	7/B4	24 FL	NERAL DIRECTOR LOT	ing Byers Fi			Inc. 25a DAT	TE REC'D. BY REGISTRAL	256 REGISTRAR'S	SIGNATHRE
	(VRA 15. 4)			728 Liberty Road					PQ TURK	Collin, Daniel	March

Biol Press assess - -Termination of the Parlane Age, 102 Tracket-Inless FERS - 201 data of File (and 100) | 1 | Every Level | equilibrity | Every Level and DE free and the second and Extend

10-1	7820		1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HYGI	ENE 8 6	NO.	246	607
	m.e. 1			EASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
, be	poge 3				RUTH		К.		UYTON			09 12		12:15 PM
ge 4 mo	ector, p		3. SEX	Fema l e		RACE Whi	ite	5. DATE C		1901	6. AGE (IN YEARS LAST B		ONTHS DAYS	HOURS MIN.
0 1	727 20	4		THPLACE (STATE OR F	OREIGN]	U.S.		RY? 8 MARRIE WIDOWE		MARRIED .	9. BALTIMORE CITY BALTIMO			MD.
56	10	V	2	TOWSON		GREATE	R BALTI	RSING HOME OF			170. USUAL OCCUPA			Govt.
NB 2			Ma	t RESIDENCE (# NURS TATE ryland	13b. COUN Ba]	timore	GIVE RESIDENCE B		13d INSIDE C	NO XX	13. STREET ADDRESS	/ ZIP CODE er Ave	. 21212	2
RYLL	2 2 5	12	A. FA	THER'S NAME FIRST		AIDDLE	LAST			S MAIDEN NAM	MIDDLE		LAST	TOTAL (TO
A N	ond	20)	John		H.	Guyt			Leonora			Johns	son
ORE,	Poges	1		AS DECEASED EVER	IN U.S. ARA	MED FORCES?		ECURITY NO.	17. INFORM		ADDI			27.01
TIM be e	O vi a		У	es	WW J	LI	219-07	-1108 A	Mrs.	Harriett	te Myers 16	9 Rege		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN: The law requires that the death certificate be execut	s attending physicinave carbon paper otion, or removal. traumotic event, th				IMMEDIATE	CAUSE (a)	R AS A CONSE	OUENCE OF	C C				BETWEENO	MATE INTERVAL ONSET AND DEATH
I W. PRESTOR	by the ose rer I, crem other			Conditions, if any, gave rise to imm cause (a), statin underlying cause	nediate g the	DUE TO, O	R AS A CONSE	OUENCE OF	DEMA 24	<u>to 1</u>				
RDS, 20	Then ples r to buria injury, or		NO	PART 2. OTHER SIGN	HIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED	O TO THE TERMI	NAL DISEASE OR COI	ndition give	N IN PART 11a	
AL RECO	has bee t permit. iene pria	9	CERTIFICATION	190 DATE OF OPERA	ION	19b. COND	ITION FOR WE	IICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES (GS USED OF DEATH?
OF VITA	ertificate ial-tronsi ntol Hyg	1	-	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTHY MEDI	AUSE OF DEAT		M. MONTH	DAY YEAR	21c HOW IN	NJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PAI	RT 1 OR PART 2}	
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TTENDIN	Spital ar CTOR: Af for use a of Health		S	220.1 certify that (1) saw the decease abave, (1) (we) (c	ed alive an	9/1	2	06		, 19 <u>86</u>) (aur) apinian d		date and haur	9_86 and from the c	hat (I) (we) last couses stated
AL OR A	the horal control of the control of			226 SIGNATURE	uam	odityn	Poin		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🔀	22c. DATE S	2/86
O HOSPIT	retained by the TO FUNERAL [should be deta with the State [IMPORTANT: If	1		22d PHYSICIAN'S NA		TYA POC	NAI, M	.D.	GBM	ss 1C - 670	1 N. CHARL	ES STRE	EET 212	04
			23a. B	JRIAL, CREMATION,	REMOVAL	23b. DATE		73c NAME OF C			23d LOCATION CITY OR TOWN		COUNTY	STATE
2 517	3P	1	24. FU	Burial NERAL DIRECTOR		9/15/	80	Parkwoo	d Ceme	tery	Baltime REC'D. BY REGISTRA	ore	AR'S SIGNATI	Md.
DH	MH - 16 60M 7/8 (VRA 15, 4)	4		itchell-W	iedefe	-1d	6500 Vo				FD1 5 1006			

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equires that the death certificate be executed within 24 ha

O HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician.

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STATE OF MARYLAND FOR
- STATE
REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2

	1 DEC	CEASED NAME FIRST	A	IDDLE	1.	AST		20 DATE OF DEATH		DAY	YEAR	2b HOU	P
		OR PRINT) Este		llian GY	P			September		1986		8:55	
	1. SEX		1. RACE	IIIali Gi	5. DATE C	C DIDTU		6. AGE (IN YEARS LAST BIRT)		IF UNDER		IF UNDER	M
					MONTH	DAY	YEAR	O. AGE (IN TEARS LAST BIRT	TUATI	MONTHS	DAYS	HOURS	MIN.
1.		ale	White		9	10	02	84	YRS.				
3	ALC: C	OUNTRY)	6 CITIZEN OF V	WHAT COUNTRY?	MARRIE	NEVER M	ARRIED -	9 BALTIMORE CITY OF			ATH		
2		Maryland	USA		WIDOWE		ORCED	Baltimore		ty			MD.
1	₩ CI	TY OR TOWN OF DEATH		OSPITAL, NURSING		R OTHER INST	ITUTION	12a USUAL OCCUPATIO			KIND OI USTRY	BUSINE	SS OR
1		Rossville	Frankl:	in Square	Hosp	ital		Housewife				akin	g
71	05UA 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION	13c. CITY OR TOWN	ADMISSION)	13d INSIDE CI	TY HALTS?	13e.STREET ADDRESS /	ZIP COL)F			
2		Maryland Balti					NO X	4609 Ridge			236		
7.	FA. FA	THER'S NAME	AIDDLE	LAST		15. MOTHER'S		ME					
2		Curtis	AIDDLE	Weiker	t		Lilli	an		Ba	rtel	S	
1		AS DECEASED EVER IN U.S. ARA		166 SOCIAL SECUR	RITY NO.	17. INFORMAL		ADDRES	SS				
	{Y	res, no or unknown) (if yes, give	WAR OR DATES)	213-48-	4421	Marvir	Gvr 4	615 Ridge R	d. B	alto	. Md	.212	36
		18 CAUSE OF DEATH (Enter and	y nne chuse ner				0 - 1				ADDDOON	MATE INTER	21/01
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		ardiac Ar	rest					DI	ELANEEM	UNA 13CM	DEATH
J.F		IMMEDIAI	CAUSE (a)										
		Conditions, if any, which	DUE TO, OR	hrombos is	OF a	orta,	renal a	and mesenter	ic				
3		gave rise to immediate	V	essels. 1	Tiac	and fer	moral y	vessels					
		couse (a), stating the underlying cause last.	DUE TO, OR	rteriosc	eros.	s							
		PART 2. OTHER SIGNIFICANT C	(6)				TO THE TERM	INIAL DISEASE OR CONE	ITIONICI	LVEN IN I	407.1.		
	Z	TAKT 2. OTHER SIGNALICATED C	ONDINONS <u>CO</u>	NATE OF THE OFFI	EAIII BOT	NOT KELATED	TO THE TERM	HAL DISEASE OR COIND	IIION G	IVEIN IIN F	AKI IIO		
1	ATION	190 DATE OF OPERATION	196. CONDIT	TION FOR WHICH (OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YE	S, WERE	FINDIN	GS USE	0
4	$_{\circ}$							YES NO XXX		IFYING C	AUSES	OF DEAT	
7	CERTIF	21a. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY		21c. HOW IN.	JURY OCCURR	RED (ENTER HATURE OF INJUR			PART 2)	140	
1		OR CONTRIBUTING CAUSE OF DEA		A. MONTH DA									
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 216. IN JURY OCCURRED	P.A 21s. PLACE C		19	21f. LOCATIO	N				_		
	ME	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FA	RM, ETC]	STREET		CITY OR TOV	VN.	COL	YTML	5	TATE
		220.1 certify that (this haspit	al) attended the	dospered from	Senter	nher 14	19 86	septembe	r 14	10 8	6	that (X.)	\1
		saw the deceased alive an.	Septemb	er 14 19 8				death occurred on the do		, , ,			
		obove, (we) (did) (discontinuo) 22b. SIGNATURE	view the body o	ofter death.		DEGREE						SIGNED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Formi				A	TTENDING _	MEDICAL STAF	YY		/14/		
,		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)			22e ADDRESS	HYSICIAN [J DIRECTOR PHYSICI	AN'	1	7 1 1/		
								n Square Dri	VA	212	37		
-		Ioanna Gouni						1	ус,	212	.57		
	230 B	URIAL, CREMATION, REMOVAL				EMETERY OR C		23d LOCATION CITY OR TOWN		COUNT	γ	S	TATE
	24 5	Burial	9-16-8		orela	nd Mem.	Pk.	F DECID BY SECTION OF	Balt:	imore	e, M	aryl	and
4	29. FU	INERAL DIRECTOR	. 4	740 ADDRESS		JAIR R		E REC'D. BY REGISTRAR 2	Sb. REGIS				2.
	F9	SSAHN FUNELS	Home	BAL	-13. h	16.21	176GE	P 1 6 1986	J 12- 24	DELIVER	Start,	andali	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. MPDRIANT If hem 21 is marked or Item 18 shows any injury, or other traumatic event, the

0-17353		FOR STATE RESISTRAR		CERTIFICA	MARYLAND H AND MENTAL HYG IE OF DEATH	REG. NO	86-2	4609
* 753/		PASED NAME FIRST ADDIE	ELIZABET	771 /H	9LL	SEPTEMBE		1986 4 30 AM
96 4 mg	3. SEX	FEMALE	A. RACE BLACK	5. DATE OF BIR	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS	IDER 1 YEAR IF UNDER 24 HRS HS DAYS HOURS MIN.
0 4 36 4	0 0	RTHPLACE (STATE OR FOREIGN OUNTRY) D.C.	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY OF		
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 348 OELLA		HER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST OF HOME MAKE	WORKING LIFET	26. KIND OF BUSINESS OR NOUSTRY
NO 2	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 13b, COUN IRVIAND BALT	VTY 13c. CITY OR TO	OWN 13d.	INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	15. 21228
MARYLA d within	7	RICHARD	MIDDLE LAST WASH IN		AOTHER'S MAIDEN NAM	WIDOTE WIDOTE	6	ROWN
MORE,		(IF YES, GIV	MED FORCES? 166 SOCIAL SE VE WAR OR DATES) 214 01	10 111-	NEWBA A. KIN	ADDRE 1638		NS FALLS PKY
7 201 W. PRESTON ST., BALL res that the death certificate in please remove carbonables in please carbonables. Y. or other traumatic evenitys.		Canditions, if any, which gave rise to immediate cause (D), stating the underlying cause last.	DBY. (E CAUSE (a) DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO	DUENCE OF	CHOMA RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN II	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OTHER TOTAL N PART Ita
A RECORDS	THICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION W/	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH? NO
N OF VITA SICIAN TO TO Physics TO Physic	ICAL CER	2) (I. ACCIDENT WAS UNDERLYING CONCREBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR		ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	ORPART 2)
NO PHY SIGNATURE OF PHY	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	LOCATION STREET	CITY OR TO	WN (COUNTY STATE
AL OR ATTENDO The hospital or AL DIRECTOR A Resolution view The Dept of Heal To 8 hem 21 is me		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE)		,	EE ATTENDING	death accurred on the do	F	that (I) (we) last d from the causes stated
D HOSPITA O FUNER O FU		22d. PHYSICIAN'S NAME (TYPE C	PANL		ADDRESS PA	TON AVE	Exa	8. MD 2129
BP	1	URIAL, CREMATION, REMOVAT SPECIFY)	5 SEPT 86 1		ERY OR CREMATORY	23d LOCATION CITYORTOWN	11NG 70	UNITY DE CAME
DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR NAME ACK FUNERAL I	Home Euice	BX 26	3 250. DATI	REC'D. BY REGISTRAR	256. REGISTRAR	ESISTANTIC

					FMARYLAND	0 .		
1-17351	1 -	FOR STATE REGISTRAR	DEP		LTH AND MENTAL HYGI ATE OF DEATH		2 6	401
		CEASED NAME FIRST	MIDDLE	LAST		REG. NO	MONTH DAY YE	AR 2b HOUR
noy be poge 3	(TYPE	ORPRINT) WILLI	LAM T.	HALL		Sept.	7,86	4:55 M
moy moy	3. SE		4 RACE	5. DATE OF B		6. AGE (IN YEARS LAST BIR		
oge a	1	MALE	BLACK	10	28 1906	79	YRS	
1 1 54	E BI	OUN RY)	76 CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	_	
	-	TARY LAND	11. NAME OF HOSPITAL, NU	WIDOWED [BALTIM.		OUNTY MD
1	B		BALTIMORE	TREET ADDRESS)		(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUS	ND OF BUSINESS OR TRY POTTS Y
CARRE	ŠU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE E	BEFORE ADMISSION)		13e STREET ADDRESS		
1 Vinas	m	ARYLAND 134 COUN		0.00	ES NO [4223 ROI	KEBV RO	AD
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1 11 200		BENJAMIN	HAL		ADMON	IA	DF	
de gal		AS DECEASED EVER IN U.S. ARA	E WAR OR DATES)			TIMOREDARE		ND 2122
1 10		NO	217-0:	3-4355 1	mes. NELLIE	HALL 42		
ysical oper ovol.		18 CAUSE OF DEATH (Enter onl PART), DEATH WAS CAUSED	y one couse per line for (a), (b				BETY	PROXIMATE INTERVAL VEEN ONSET AND DEATH
ertifii ng ph bonp remo			E CAUSE (o)	enlice	2			
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dea atte ove atton		Conditions, if any, which	(ıb)	63 man	-porton			
the the rem		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSI	EQUENCE OF				
that d by ease al, c ar at		underlying couse lost.	((c)					
luires signed nen pl o buri lury, d	Z	PART 2. OTHER SIGNIFICANT C	onditions <u>contributing</u>	TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PAI	RT 110
been mit. The prior the point in the point i	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION W	VAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	NDINGS LISED
on. hos b t perm rene pr	IFIC					YES NOT	IN CERTIFYING CAI	JSES OF DEATH?
N: The special straight of the	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21	c. HOW INJURY OCCURR			
		OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR				
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or or see as see as a		22a.1 certify that (1) (this haspite	al) attended the deceased fr	om S -	. 6, 19 86	10 - S - m. T.	7 19 8	a, that (I) (we) last
R ATTENIA hospital hospital RECTOR: hed for us spt. of He tem 21 is		sow the deceased give on above, (I) (we) (did) did not	sept -7		hot in (my) (our) opinion d	eath accurred on the do		
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5 € 5 € ¥ ₹	23a. B	URIAL, CREMATION, REMOVAL			TERY OR CREMATORY	23d LOCATION		
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DHMH - 16 60M 7/84 (VRA 15, 4)	25	OF GWYNNS FAL	LS PKWY. RE	LTO, MD.	ZIZIL SED	70 300	L. J. Kriedans	- Andelle

STATE OF MARYLAND

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Charles Art all years and his soull a dance

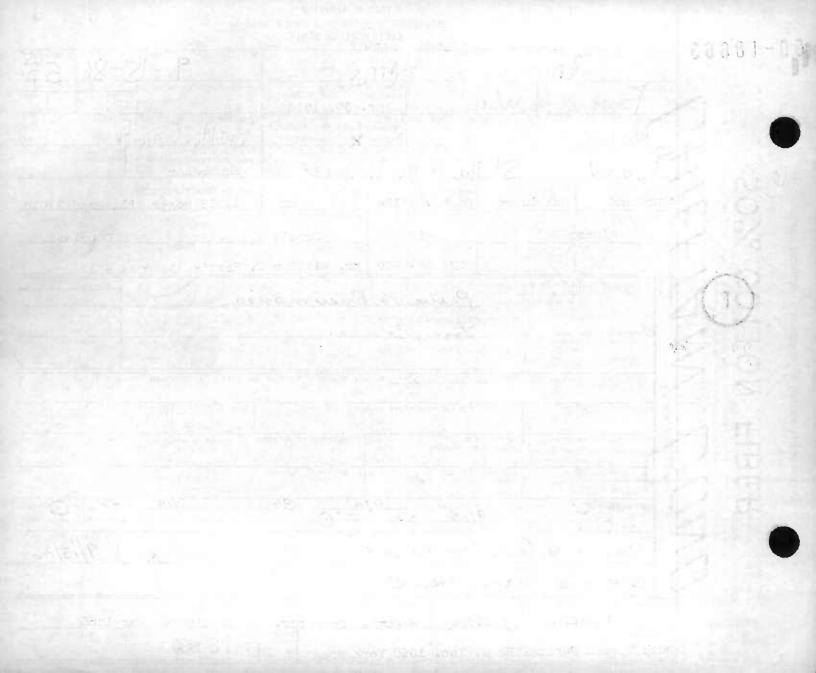
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denth. Fuge	Penns	ACE (STATE OR FORE)		U.S.A.	VHAT COUNTS OSPITAL, NUR	MARRIEI WIDOWE	R OTHER INSTITUTION	9 BALTIMORE CITY O	MOR	E CO	unty MD.
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BALTIMORE, cote be execuy sictent and coper. Pour wol. it, the medical it, the medical it.	IYES, NO		YES, GIVE WA	AR OR DATES)	175-26-		Karen W. Ro				
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DIVISION OF VITAL RECORDS, 201 W. ENDING PHYSICIAN: The low requires that toll or after this certificate has been signed by it use as the burial-transit permit. Then please I Health and Mental Hygiene prior to burial, cr	OR CO (# 61 21d. IN WHILE AT WOR	certify that (I) (this	E OF DEATH XAMINER) s hospital)	attended the	A. MONTH A. DE IN JURY TI, FACTORY, OFFIR Deceosed from	m 10/10	, , , , , , , , , , , , , , , , , , , ,	CITY OR TO	wn, 19	COUNTY	STATE 1 (1) (we) lost
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099999	230 BURIAL, (SPECIFY)	CREMATION, REM		3b. DATE 9-22-8	2:	C. NAME OF CI	METERY OR CREMATORY erine's Cem.	25d LOCATION CITY OF TOWN	, Penns	vlvania	STATE
OHMH - 16 60M 7/84	24 FUNERAL Ruck 1	DIRECTOR TOWN	neral	Home,			25a. DA	TE REC'D. BY REGISTRAR	256 REGISTRAR	SSIGNATURE	خالف

1-17565	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND MENT			2	4 0	1 3
tor, page 3		CEASED NAME	Helen 14. RAC	,	E	S. DATE C				PG THDAY)	F UNDER 1 YEAR	26 HOUR IF UNDER 24 HRS HOURS MIN
ifer death. Page the funeral direc 1 within 72 hours ifed at once.		IRTHPLACE ISTATE OR H	ATH 11. N	IAME OF HO	DSPITAL, NUR	WIDOWE SING HOME C	NEVER MARR DIVORO	CED 124	BALTIMORE CITY OF THE RECTT OF THE COLUMN AT	4		ME F BUSINESS OR
thin 24-Höür's or is hould be flied her mast be had	130.	AL RESIDENCE (IF NURS	Baltim	institution G	S eph	FORE ADMISSION) OWN erstown	13d. INSIDE CITY LI	IMITS?	STREET ADDRESS	•		
examin	14. Fz	John	S.DDLE		Just46	e	15. MOTHER'S MAI		Mode		Kieff	er
te be execute icion and (o) ers. Pages () It.		WAS DECEASED EVER YES, 1908 UNKNOWN)	IN U.S. ARMED F	ORCES? 1	\$50CIAL SI 219-36	-2496	Stanley	J. Han	ina Sparks	elfast Md.	Rd . 21	152
requires that the death certificate in signed by the attending physici. Then please remove carbon paper into burial, cremation, or removal, injury, or other traumatic event, the	NOI	Conditions, if any, gave rise to imm couse (a), statin underlying cause	, which mediate ag the lost.	(b) OUE TO, OR (AS A CONSE	QUENCE OF	NOT RELATED TO T	THE TERMINA	al Disease or Con	DITION GIVE	N IN PART I (o	
in The low in thysicion. It is a consist permit. Hygiene prio	CERTIFICATION	190 DATE OF OPERA		96. CONDITI		ICH OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	IN CERTIFY YES	_	
NG PHYSICIAN: ottending phys fter this certifica st the buriol-fra th and Mental Hy orked or frem 18	MEDICAL CI	OR CONTRIBUTING (IF EITHER NOTHY MEDIN 21d. INJURY OCCUR! WHILE NOTHY NOTHY AT WORK AT WORK	CAUSE OF DEATH CALEXAMINER) RED 21	P.M.	MONTH	19	211 LOCATION STREET	OCCORRED	(ENTER NATURE OF INJU		COUNTY	STATE
R ATTENDIII hospital or RECTOR: A ned for use i spt. of Heali		22a certify that (1) sow the decease above/(1)/(we) (c 22b_SIGNATURE/	1	4	17 1	06 or	d that in (my) (our)	opinion deo	, to th occurred on the do	ate and hour		1 /
TO HOSPITAL O estorned by the TO FUNERAL DI should be denot with the State De IMPORTANT: If I		22d. PHYSICIAN'S NA	AME (TYPE OR PRINT)	APV	AN 1	- 1/1 n. 10	ATTEN PHYS	YORK	MEDICAL STAI	ONKTO.	N 100	12/1
BP	23a. I	BURIAL, CREMATION, ISPECIFY) Burial	REMOVAL 236.	ept.1	1,1985	Bosley	EMETERY OR CREM Cemetery	AATORY	Sparks	Balt	imore	Md.
DHMH - 16 60M 7/ (VRA 15, 4)	24_F	Eline Fun	eral Hom	e Rei	sterst	own, Md	•	250. DATE RE	C'D. BY REGISTRAR		AR'S SIGNATU	

	FOR			DED		OF MARYLAND EALTH AND MEN		ur & 6	3	9 6	0	die die
1 -	STATE			DEFA					C NO	Sun		
	EASED NAME	FIRST	M	IDDLE	L	AST	2			H DAY	YEAR	2b. HOUR
()162		Marv		C.	НА	ROTH	5	eptember	9. 1	1986		2:00
3. SEX			. RACE				6.					IF UNDER 24 HRS
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		REIGN 7	CITIZEN OF V	VHAT COUNT	RY? 8.	□ NEVER MAR	RIED 7	BALTIMORE C	ITY OR CO	UNTY OF D	EATH	
			U.S.A.					Baltimo	re Cou	intv		M
10. CT	Y OR TOWN OF DEAT	н 1				R OTHER INSTITU	JION II	2a. USUAL OCC	JPATION	12		BUSINESSOF
Ro	ssville					oital						Jewel
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	THER'S NAME						AIDEN NAME	P-1				
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16a V	AS DECEASED EVER IN			166 SOCIALS	ECURITY NO.	17. INFORMANT		-	DDRESS 4	22 Cr	osbv	Road
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IFICATION	gove rise to imme couse (0), stating underlying cause PART 2. OTHER SIGNI	ediote the lost	(c) ONDITIONS <u>CO</u>	ONTRIBUTING	TO DEATH BUT			20a AUTOPSY	? 20b.	IF YES, WEI	RE FINDIN	IGS USED
ERT	71n ACCIDENT WAS UNDE	RLYING	21b. TIME OF	FINJURY		21c. HOW INJUR	RY OCCURRE				OR PART 2)	140 []
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15	220 L certify that Ob (this hospite	ol) ottended the	deceosed fr	August	18	1986	, Septe	ember	9 19 8	36	that Mr (we) la
	saw the deceosed	plymon_	Septemb	er 9	19 <u>86</u> , or	nd that in (💓) (ou	ur) opinion de	oth occurred on	the date ar	nd hour ond	from the o	auses stoted
	22b. SIGNATURE		view the body	offer deoth.		DEGREE	ENDING _	MEDICAL	STAFF		22c. DATE S	SIGNED
	11	N II /				PHY	YSICIAN L					
	THE PHYSICIAN'S NAME		PRINTS			22e ADDRESS		DIRECTOR	HYSICIAN		-	
		0						-	HYSICIAN			01007
22.	John Hol	lings	worth M	1D	22 NAME OF C	9000 Fr		Square	Drive		imore	21237
(lings			230 NAME OF C	9000 Fr		-	Drive	Balt	YINI	21237 STATE Marvlai
	I. DECC (TYPE of The BIR Man II) CTI RO USUAL III II I	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX Female 78. BIRTHPLACE STATE OR FO COUNTRY) Maryland 10. CITY OR TOWN OF DEAT ROSSVIlle USUAL RESIDENCE (IF NURSIN 130. STATE Maryland 14 FATHER'S NAME FIRST Frederick 160. WAS DECEASED EVER IT (YES, NO OR UNKNOWN) NO 18. CAUSE OF DEATH PART I. DEATH WA Conditions, if ony, gove rise to immun couse (o), stoting underlying cause PART 2. OTHER SIGN! 190. DATE OF OPERAT! 210. ACCIDENT WAS UNDED OR CONTRIBUTING COUSE (IF EITHER, NOTHEY MEDIC) (IF EITHER, NOTHEY MEDIC) AT WORK 210. I certify Ihot (M) (Sow the deceose obove, M) (M) (16)	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Mary 3. SEX Female 78. BIRTHPLACE STATE OR FOREIGN 7 COUNTRY) Maryland 10. CITY OR TOWN OF DEATH 1 ROSSVILLE USUAL RESIDENCE (IF NURSING HOME OR OF 136, STATE 136 COUNT Maryland Balt 14 FATHER'S NAME FIRST M (YES, NO OR UNKNOWN) (IF YES, GIVE NO 18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost PART 2. OTHER SIGNIFICANT COUSE OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEAT (IF LITHER, NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF LITHER, NOTIFY MEDICAL EXAMINER) WHILE NOT WHILE AT WORK AT WORK 210. I certify Ihot (M (this hospite sow the deceased ply you not over, 200 (W) and 100 or cobove, 200 (W) and	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Mary 3. SEX 4. RACE Female 78. BIRTHPLACE STATE OR FOREIGN 7b. CITIZEN OF V. COUNTRY) Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF H. (IF NOTIN SUCH Frank!) WE Frank! WHILE 13b. COUNTY 15b.	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Mary C. 3. SEX 4. RACE Female White 76. BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNT (COUNTRY) Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NU (FINDING SUCH FACILITY, GIVE STANK IN SQUE ISSUE Franklin Sque ISSUE ISS	REGISTRAR 1. DECEASED NAME FIRST MIDDLE Mary C. HA 3. SEX Female Female White S. DATE OF MONTH B. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE WIDOUR WAS DECEASED EVER IN U.S. ARMED FORCES? If Frederick Frederick The Hather's NAME FIRST Frederick In MIDDLE LAST Chell LAST Frederick Chell 16. CAUSE OF DEATH (Enter only one couse per line for tot, (b), and ic.) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IO) Arteriosclero DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION 191. INJURY OCCURRED WHILE ATWORK ATWORK NOT WHILE ALWORK ATWORK NOT WHILE ALWORK PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ATWORK ATWORK NOT WHILE ALWORK 210. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 191. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 192. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 194. INJURY OCCURRED WHILE ALWORK ATWORK ATWORK ATWORK ATWORK NOT WHILE ALWORK 210. THE PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY HOUR A.M. HOUR A.M. SIREET, FACTORY, OFFICE, FARM, ETC.) SOW the deceased play on September 9 NO SERVICE STATES AND SERVICE SERVICE STATES AND SERVICE SERVICE SERVI	REGISTRAR DECEASED NAME FIRST MIDDLE LAST	REGISTRAR DECEASED NAME	REGISTRAR ADDIE ASST AS	REGISTAR REGISTOR Mary C. HAROTH September 9. 6. AGE (INTERNICAL DIPORTION MONTH) September 9. 6. AGE (INTERNICAL DIPORTION MONTH) THAN DAY TEAR FEMALE White S DATE OF BIRTH MONTH DAY TEAR MONTH DAY TEAR MARRIED NEW RARRIED REGISTOR 6. AGE (INTERNICAL SAST BRITHDAYS) REGISTOR FEMALE FEMALE White S DATE OF BIRTH MONTH DAY TEAR MARRIED REGISTOR 6. AGE (INTERNICAL SAST BRITHDAYS) REGISTOR REGISTOR 6. AGE (INTERNICAL SAST BRITHDAYS) REGISTOR 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 6 7 1910 7 1	REGISTRAR DECEASED NAME FRIST MODITE LAST TRANSPORT T	REGISTRAR DECEASED NAME 1861

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STATE OF MARYLAND



STATE OF MARYLAND FOR STATE REGISTRAR **CERTIFICATE OF DEATH**

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	EASED NAME DR PRINT)	FIRST HAZEL		E .	HARRI	SON	20. DATE OF DEATH September		1986	26 HOUR
3. SEX	Female		RACE Whi	te	S. DATE C	ie 22, 1902	6. AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
cc	THPLACE (STATE OF DUNTRY) Maryland		US	what country?	WIDOWE		Baltimore City of Baltimore	re Count	unty	MD
)	Y OR TOWN OF DE	6	501 St	ags Head	Court	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST C HOMEMAL	ION DE WORKING LI KET	12b. KIND C INDUSTRY	OF BUSINESS OR
Mar Mar	ryland	13b COUNTY Baltir		13t. CITY OR TOV		13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 601 Stags	ZIP CODE Head	d Court	21204
		J. Por		LAST		15. MOTHER'S MAIDEN NAME Emissa	White MIDDLE		tA	ST
	AS DECEASED EVE ES, NOOR UNKNOWN)	R IN U.S. ARMEI		212-30-		Mrs. Shirley	H. Porter		Bosley	Road
	18. CAUSE OF DEA PART I. DEATH	TH (Enter only of WAS CAUSED B IMMEDIATE C	ne couse per Y: AUSE (o)	line for 101, (b1, 01	PUL	monary	IN SO FFICE	ency		(IMATÉ INTERVAL ONSET AND DEATH
	Conditions, if on- gove rise to in couse (o), stot underlying cous	nmediate ing the e lost.	(b) DUE TO, OI	R AS A CONSEQU	INCE OF	CEREBRA NOT RELATED TO THE TERM			VEN IN PART I	
NO.	19s DATE OF OPER.	NO.		AGE		N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YE.	S, WERE FIND! IFYING CAUSES ES []	NGS USED
IEDICAL	216. ACCIDENT WAS UIT OR CONTRIBUTING (IF EITHER, NOTIFY MEI 21d INJURY OCCU	CAUSE OF DEATH DICAL EXAMINER) RRED	P. 21e PLACE	M. MONTH D M.	PAY YEAR 19 FARM, ETC.)	211 LOCATION STREET	RED (ENTER NATURE OF INJU		PART : OR PART 2) COUNTY	STATE
	22a I certify that (-1-1		01	nd that in (my) (and apinion	, to SE			that (I) (we) lost
	22b. SIGNATURE	wh	2				MEDICAL STA			5/86
	22d. PHYSICIAN'S N	ert Lis				57 W. Timos				
	JRIAL, CREMATION PECIFY) Buri		9/6/8			cod Cemetery	23d LOCATION CITY OF TOWN Baltimo	re M	aryland	STATE
	neral director	Ruck, Ir	nc. 530	05 Harfor	rd Roa		EP5 1986	25b. REGIS	TRAR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT.

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COUNTY CITY OF TOWN and that in (my) (our) opinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED FUNERAL PHYSICIAN DIRECTOR PHYSICIAN PORTANI 22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e. ADDRESS Hislop 31 Robinson Road 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION Baltimore Maryland Loudon Park Cemetery 9/24/86 Burial 24. FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)

STATE OF MARYLAND

25 HOUR

12b. KIND OF BUSINESS OR

Bldq. Supply

Killmeyer

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

206. IF YES, WERE FINDINGS USED

YES F

IN CERTIFYING CAUSES OF DEATH?

86

IF UNDER 1 YEAR

00-19102	1-	STATE REGISTRAR		DEPARTN		EALTH AND N			EG. NO.	lin	4
		CEASED NAME FIRST Flora		K.		upt		20. DATE OF DE		1H DAY 21	YEAR 86
e 4 may be that, page 3	3. SE		4. RACE White		5. DATE O		1892	6. AGE (IN YEARS	LAST BIRTHOAY)		INDER I YEA
offer death, Page of with 172 hours		RTHPLACE (STATE OR FOREIGN COUNTRY)	75 CITIZEN OF WHAT COUNTRY? 8		8 MARRIED NEVER MARRIED		9. BALTIMORE CITY OR COUNTY OF DEATH Balto. County				
		TOWSON			OME OR OTHER INSTITUTION		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker			12b. KIND INDUSTRY HO	
BALTIMORE, MARYLAND 2120 ole be executed within 24 hours ricion and campletely filled in b pers. Pages 1 and 2 should be fill old. the medical examiner mass be n	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 CQU BAL		130. CITY OR TOWN		136 INSIDE CI	TY LIMITS?	945 Beau	ress / ZIP	nk C:	ircle
MARYLA red within morphises exolutives	14 FA	THER'S NAME FIRST John E	WIOOFE	irwan		15. MOTHER'S	IRST	MI	DDIE		Ste
FIMORE, M. be executed on and comp. S. Poges 1 on a medical ex		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECU 212 → 22 → 9		Mr. Jo	hn C.		2517 1		
ST., BAL		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS)	nly one couse per ED BY, .TE CAUSE (a)	Carala	7 d	43 the	chui	4			APPRO BETWEEN
201 W. PRESTON ST., Ex. that freadout, cert interest by the artificiang of pleade (each unities or empty.)		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF									
	NOIL	PART 2 OTHER SIGNIFICANT SWELL DIGGS	use fr	ain sep	dros	we.					53
AI RECC	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	E. N		YES NO) IN (CERTIFYIN YES	NG CAUSE
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirent the contending physicion. After this certificate has been sures the buriol-tronsit permit. The thood Amental Hygiene prior to an acked or term 18 shows, any injury		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE [IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJ	IURY OCCURR	ED (ENTER NATURE	of injury in it	EM 18 PART	OR PART 2)
DIVISION C Ottending otter this cer frer thus cer frer thus cer frer thus cer as the burion he and Meni	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	IRM, ETC)	ZII LOCATIO STREET	N	CII	TY OR TOWN		COUNTY
ATTENDIN spirol or CTOR: Af for use of Health		sow the deceased alive of above (1) (wet (did) (old ni	//////		1-11-1-1		, 19 54	to, to	the date or	nd hour or	nd from th
by the ho by the ho ERAL DIRE e detochec State Dept		22b. SIGNATURE	nt.	Lud.	0	Р		MEDICAL DIRECTOR :	STAFF PHYSICIAN [220 DAT
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store limpORTANT:		Dr. Joseph D"A	ntonio,				Osler		wson,	Md.	2120
BP	23a. E	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	9/23/8			on Ceme		Balto	N O •	В	al'to.

STATE OF MARYLAND ND MENTAL HYGIENE OF DEATH

REG. NO. 20. DATE OF DEATH 26. HOUR 9 21 86 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS 1892 93 **BALTIMORE CITY OR COUNTY OF DEATH** VER MARRIED Balto. County DIVORCED [INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Home Home TYPE OF WORK FOR MOST OF WORKING LIFE!
Homemaker DE CITY LIMITS? 946 Beaver Bank Circle, 21204 NO P HER'S MAIDEN NAME MIDDIE Stehn Dora ADDRESS Kingsville, Md RMANT 2517 Whitt Rd. 21087 John C. Haupt APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 REORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES T NO T

COUNTY STATE

22c DATE SIGNED

(our) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL

Balto.

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, The.

21204 1050 York Rd.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Md.

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-18105	FOR STATE REGISTRAR	Di	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 6	24021
nay be poge 3 rr death	1. DECEASED NAME (TYPE OR PRINT)	LENE L.	HEDIAN	SEPTEMBER	2 15, 1982 1054 M
Page 4 ma director, po	FEMALE	- WHITE	5. DATE OF BIRTH MONTH DAY YEAR 01 12 1895	6 AGE (IN YEARS LAST BIRTHDAY) 91 YR	MONTHS DAYS HOURS MIN.
death. Po	Maryl	and USA	MARRIED ☐ NEVER MARRIED K WIDOWED ☐ DIVORCED ☐	BALTIMO	- (1)
The the	TOW SON	ST. JOS	SEPH'S HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Teacher - Re	12b KIND OF BUSINESS OR INDUSTRY
filled in	Maryland	GHOME OR OTHER INSTITUTION, GIVE RESIDEN 36 COUNTY 13c. CITY (Balt	or town 13d. Inside city Limits?	301 McMechen S	DDE 21217
ed withi	FATHER'S NAME FIRST Edwin	A. H	is MOTHER'S MAIDEN NA FIRST Emma	MIDDLE	McKenna
on and se execu	160. WAS DECEASED EVER IT (YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR OR DATES)	al security no. 17 INFORMANT -30-8768A Victoria He	dian 3107 Junea	u Place 21214
physicio on paperi emovol.	PART I. DEATH WA	(Enter only one couse per life or (o) S CAUSED BY:	COMONIA, BILZ	ferd	Qus/kon
uires that the death ce signed by the attending ten please remove carb a burial, cremation, or roury, or other traumatic.	Conditions, if ony, gove rise to imme couse (o), storing underlying couse PART 2. OTHER SIGNE	diote the lost (c)	ssive upper (1)	bleeding winal disease or condition	GIVEN IN PART 1(0)
he low requir	190 DATE OF OPERATION OF THE PROPERTY OF THE P	ON 196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
NG PHYSICIAN: The attending physicion of the attending physicion of the attending physicion of the attending physician orked or Item 18 shown	OR CONTRIBUTION C	USE OF DEATH HOUR A.M. MON	TH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART (ORPART 2)
IG PHYSIC optending ter this cer is the busic or and benin rked or ited or ited	THE STATE OF THE PROPERTY MEDICAL ST	(AT HOME, STREET, FACTORY,		CITY OR TOWN	COUNTY STATE
ATTENDI ospital or ECTOR: A d for use it, af Heal m 21 is m		his hospital) attended the deceased alive on 1 (4(4) x) view the body after death			. 19_86, that NV (we) last hour and from the causes stated
TO HOSPITAL OR retained by the high Church Divided by the bishould be detached with the Stote Dep	THE PHYSICIAN'S NAME	AE (TYPE OR PRINT)	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSPITA retained by TO FUNERA should be de with the Stot	230. BURIAL, CREMATION, R	B FURLONG	123C NAME OF CEMETERY OR CREMATORY	ROAD TOWSON	MD 21204
BP	(SPECIFY) Burial	9/18/86	New Cathedral Cem.	Baltimore	Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FUNERAL DIRECTOR NAME A. Alan Seit	z, Jr. 3818 Rolar	250, DA	TE REC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE

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7716	1.	FOR I.J STATE REGISTRAR	-film	G619 9-		RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE Ö	Ö å	2 4 6	2 3
nay be page 3		CEASED NAME E OR PRINT)	Hele Y	ELENM	My/e	rbert	HERBERT	20. DATE OF D		1986	3 22 M
The po	3 SE	Х	4	. RACE		5. DATE C		6. AGE (INYEA	RS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
age 4		emale		White		Feb.		80	YRS.		, All C
Pod Pod		IRTHPLACE (STATE OR I	OREIGN 7	b. CITIZEN OF	WHAT COUNT	RY? 8. MARRIE	NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	01	
deo de o		aryland	Y11	U.S.A.	IOCOLYAL AND	WIDOWE		15001	0. 000	IHY	MD
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(P D = 1 A	USU 13a.	AL RESIDENCE (IF NURS	136 COUNT		GIVE RESIDENCE BE		13d. INSIDE CITY LIMITS?	13e.STREET AD	DRESS / ZIP COD	Ε	
6	_	aryland	Balt	imore	Tows	on	YES NO	50 Ac	orn Circ	le,Apt.3	02-2120
T18012A	14. F.	ATHER'S NAME FIRST	M	IDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST		MIDDLE	LAST	
		errance WAS DECEASED EVER		J.		rphy	Anna 17. INFORMANT		ADDRESS	Rya	n
Poges		YES, NO OR UNKNOWN)		WAR OR DATES)	16b SOCIALS	ECURITY NO.	IV. INFORMANT		ADDKE22		
rs. P	N	18 CAUSE OF DEAT				3-1147	Miss Mary A	Murphy	- same	as #13e	NATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed with 24 hours oftending physician. When this certificate has been signed by the attending physician and completely when the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 that the nod Memol Hygiene prior to burial, cremation, or removal. acked at item 18 shows any injury, or other traumottic event, the medical continuation is a content of the property.		Conditions, if ony, gove rise to improve (o), stolin underlying couse	which mediate g the	DUE TO, OF	R AS A CONSE		and oplino evitoritis d	nong a	nest placed		
been signer mit. Then pl	CERTIFICATION	PART 2. OTHER SIGN					NOT RELATED TO THE TERM	200 AUTOPS	5Y? 20b IF YE	VEN IN PART 110	GS USED
he lo an. hos t per tene	Ę	8/31/	86	Perter	nti du	e to key	Hened Stomust	YES		FYING CAUSES	DF DEATH?
PHYSICIAN: The ending physician this certificate the burial-transit ad Mental Hygin dar tren 8 sh		210. ACCIDENT WAS UND OR CONTRIBUTING ((IF EITHER NOTIFY MEDI	AUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATU	RE OF INJURY IN ITEM 1B	PART 1 OR PART 2)	
DING PHYS ar attending After this cas the bur alth and Me marked ar th	MEDICAL	WHILE NOT WE AT WORK	ILE 🗍	21e PLACE (OF INJURY EET, FACTORY, OFF	ICE, FARM, E1C)	211. LOCATION STREET	es es	CITY OR TOWN	COUNTY	STATE
Z Af S Af		22a.1 certify that (1)	this hospito	I) ottended the	e deceosed fro	m 8/3	, 19_86	, to	10	19_06,1	nat (I) (we) lost
TTEN Spital STOR for u		sow the decease above, (1) (we) (c	d olive on_	view the body	ofter death.	9, or	d that in (my) (our) opinion	death accurred	on the date and ho	ur and from the c	ouses stated
AL DIREC eroched te Dept. I: If Item		22b. SIGNATURE			14	2	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c DATE S	IGNED
TO HOSPITAL or retained by the TO FUNERAL I should be deto with the Store E IMPRORTANT: If		22d. PHYSICIAN'S NA	Chan		m		1134	YORK 1	2d. Lw	therville	2109
		BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATH	TOWN	COUNTY	STATE
BP	Bı	urial		9-12-8		Holy Re		Balto			Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR 1Ck Towson	Funer	al Home	Inc.	Towson	York Rd. 250 DA		SISTRAR 25b. REGIS	TRAR'S SIGNATU	RE Richard

the street of the	2001/440		
PROPERTY OF STREET			
		Ż.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-19597 - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINTI ESTI-S. HERBERT HELEN DEATH MATED R FILES. HOURS STREET, 5. DATE OF BIRTH 3 SEX 4 RACE 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) OUR White Female 86 May 10,1900 TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF H BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland Baltimore County WIDOWEDX DIVORCED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY Retired-Teacher Timonium 2523 Gainsford Rd. Balto. City USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY HAUTS? 13e STREET ADDRESS Baltimore Timonium YES [NO X 2523 Gainsford Rd. 21093 Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ALIDDI F EAST BALTIMORE, Clara Ambubler Schuele Albert 16h SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) F. PAGI DIVISION 214-40-4389 John F. Herbert, III - same as #13e No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (6) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Inspection | Autopsy Inquiry and in my apinian Natural causes Hamicide EXAMINER'S NAME Charles F. O'Donnell, M.D. 7501 York Rd., Towson, Md. 21204 (TYPE OR PRINT) ADDRESS. 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md. Cockeysville, Balto. 9-27-86 Dulaney Valley Mem. Burial BP. 24. FUNERAL DIRECTOR **DHMH - 17** Ruck Towson Funeral Home, Inc. Towson, Md. 21204 1050 York Rd. (VR A15 ME (5)) 20M 4/B2

in by the funeral director, page 3 se filed within 2 hours ofter death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detoched for use as the but with the State Dept. of Health and Mi TO FUNERAL DIRECTOR: After TENDING

MPORTANT: If Item 21 is morked

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR STATE

STATE OF MARYLAND

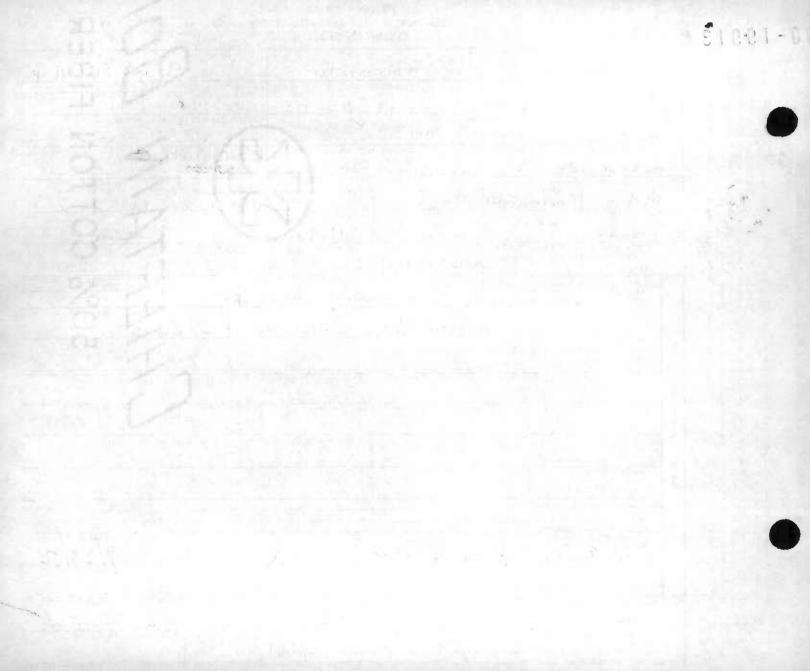
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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Н	MONTH	DAY	YEAR	2h	HOUR	

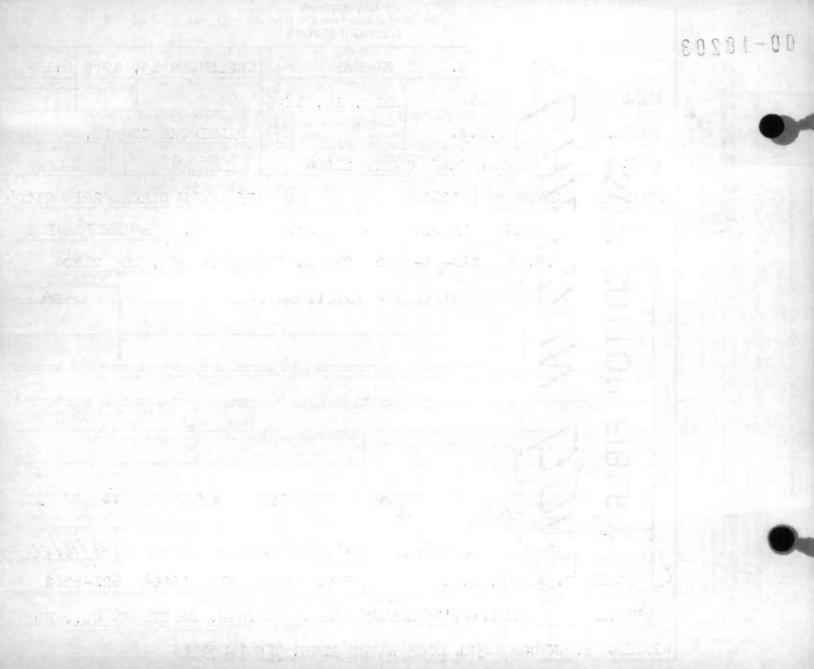
		REGISTRAR		421(11)	ICATE OF DEATH	REG. N	IO.	
		CEASED NAME FIRST	MIDDI	E , 1	AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
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	3. SEX		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BI		R IF UNDER 24 HRS
4	12	F	W	MONTH	20 196	90	YRS DAT	S HOURS MIN.
,		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
1	M	aryland	USA	WIDOWE		Baltimore	County	MD.
-	10 CI	TY ON OWN OF DEATH		PITAL, NURSING HOME C	ROTHER INSTITUTION	120 USUAL OCCUPAT	ION 126 KIND	OF BUSINESS OR
1	13	ALto., Md	MANOR	CARE RO	ssville	Homemake		
5	13a. S	RESIDENCE (IF NURSING HOME OR TATE 136 COUN ryland Balts	13c.		13d. INSIDE CITY LIMITS? YES NOX	130.STREET ADDRESS Manor Ca	/zecope / Ro re Nursing	ssville Home
4	14. FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM			AST
	A	ugust sch	midt	LA31	Dorothea	MIDDLE	Kre	
1		AS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS	21074
	{Y	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	19-32-0898	Dorothea Gros	s 427 Lees		
		18 CAUSE OF DEATH (Enter on	ly one couse per line	for (a), (b), and (c).)	-10			OXIMATE INTERVAL N ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY: E CAUSE (a)	Heory	Failure			
	200	WWIEDIA		. CONSTONE OF				
		Conditions, if ony, which	(A CONSEQUENCE OF	and			
		gove rise to immediate	1b)	Ma				
		couse (0), stoting the underlying couse lost.	DUE TO, OR AS	A CONSEQUENCE OF				
	20	PART 2 OTHER SIGNIFICANT C	(c)	DIBLITING TO DEATH BUT	NOT BELATED TO THE TERM	NIAL DISCASS OR CO.	IDITION CREEK BURNER	
	Z	TAKT 2 OTTEK SIGNIFICANT		KIBOTING TO DEATH BOT	1401 KELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART	110
	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINI	DINGS USED
	JE C					YES T NOT	IN CERTIFYING CAUS	
d	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF IN	JURY	21c. HOW INJURY OCCURR			-
2		OR CONTRIBUTING CAUSE OF DEA	un.	MONTH DAY YEAR				
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		AT WORK	and the standard of the standa		120 gr	3/5	26	. 3
		22a. I certify the (this hospin sow the deceased alive so obove (1) (we) (did (did no	9 6/2	N 1956 d	d that m (my) (our) opinion d	leath occurred on the d	ate and hour and from the	ne couses stoted
		226 SIGNATURE	I view the Gody offe		DEGREE		22c. DA	TE SIGNED
		10-	Haro	w.	ATTENDING ATTENDING A	MEDICAL STA		15-186
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS			
		DAJOSEDH	HAR	0471	Eastern .	Blud		
-		URIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CI	EMETERY OR CREMATORY	23d LOCATION		
						C.T. OR TO		
		Burial	8-8-86	Oak Law	m Cemetery	Ballto.,	COUNTY	Md.
	(*)	Burial NERAL DIRECTOR	8-8-86	Oak Law	-		256 REGISTRAR'S SIGN	

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		1_	FOR STATE		DI	EPARTA	MENT OF HEA	LTH AND M	ENTAL H	IYGIENE,	Ö	2	Ly	0	6	0
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			E OR PRINT)					1001		20	DATE KNO	II-	HINON	DAY Y	AK ZE	HOUR
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	코드트의 프	3. SEX	4	. RACE	5. DATE OF BIRTH			FUNDER 1 YR.	IF UNDER	24 HRS. 2c.	DATE	M	ONTH	DAY Y	EAR 2	4 HOUR
	L S I	M	1	В	3 4	54	LAST BIRTHDAY)	AONTHS DAYS	HOURS	MIN PR	ONOUNCED		0.1	05/	00	2:00
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	ESSARY, PLEASE IRAL DIRECTOR. OR YOUR FILES. ITHIN 72 HOURS	7a. B1	RTHPLACE (STA	ATE OR	76. CITIZEN OF WHA	T COUN.	TRY? 8. M	ARRIED X NE	VER MARR	IED 7	BALTIMORE	CITY OR	COUNT	Y OF DEAT	Н	
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J	→ 単位	10. CI	TY OR TOWN C	OF DEATH	11. NAME OF HOSPI			OTHER INSTITU	TION	12a USUAL	OCCUPATIO	N (TYPE OF		26. KIND O		VESS
H	DELAY NYPAC NE PIC	Ra	ndallst	OWID	Parking]		reet address) partment	comple	v		T OF WORKING L	IFE)		OR IND	USTRY	
1	E SES				OTHER INSTITUTION, GIVE			COMPTE	Λ.	LTITIE	ages					
21201	12, AND 3 T SHOULD SHOU	13a. S	TATE	136 COUNT		13c. CITY	ORTOWN	13d. INSIDE C	ITY LIMITS?	13e. STREET	ADDRESS					
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, m	STATH.	TATE	llie		L.		AST		IRST		MIDDLE			LAST		
o o	PAGES 1, CORM PM CORM			EVER IN U.S. ARM			nton IAL SECURITY NO		nes					Jone	S	
2	FORM FORM SES 1 AI	(Y	S, NO, OR UNKNOW	VN) (IF YES, GIVE W	VAR OR DATES)			. INFOR	MANI		AL	DDRESS				
- F	URS AFTER B. GIVE PAGE WITH FOR IT. PAGES 1		No			213	620205	Joan	ne E.	Hinto	n 8506	Gler	n Mi	cheal	s T.	9
100	WIT P		18 CAUSE OF	DEATH (Enter only	one couse per line fo	vr (a) (b)	and (c)							APPROX	MATE IN	TERVAL
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PRESTON ST	24 HO ITEM I ILONG PERMI GIENE, OVAL		100 20	IMMEDIATI	E CAUSE (a)		Multipl	e Gunsn	OL WO	unas						
ST	A TAIN				DUE TO, OR A	S A CON	SEQUENCE OF							0.00		
<u>a.</u>	VITHIN 24 ICIL IN ITI NER ALO SANSIT PR TAL HYGI			s, if any, which	(b)											
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5	N. AE		lying cous	e last.												
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RECORDS	D BE EXECUTED FENDING" IN PROPING" IN PROPING" IN PROPING EXA BURIAL SAITH AND ME CREMATION,	7	PART 2 UTHER SIGI	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELAT	EO TO THE TERMINAL D	ISEASE OR CONDITIO	N GIVEN IN PA	RT 1 (a).						
S		CERTIFICATION														
	글: "핑크스	3	19a. DATE OF	OPERATION	196. CONDITIO	ON FOR V	VHICH OPERATIO	N WAS PERFOR	MED?					20. AUTO	PSY?	
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		-	AT WORK	AT WORK	Pali	LLIG		500 Blk	<u>. Lil</u>	erty F	a. Ro	inda I	ISCC	WII, IV	d.	
	EXAMINER: CERTIFICATE BUID BE FOR L DIRECTOR: (, WITH THE!) MARYLAND.		22a. I certify	that I taak charge	of the remains descri	bed abay	e, held an	utopsy X,	Inspection	n .	Inquiry	ond in	my opi	nion		
	MINER TIFICAT BE FOR TECTOR: TH THE		death resulted	d from: Nature	I couses A	ccident	Suicide	Hamis	ide X	Undeterm	ined manner					
	EXAMCERTING E DIRE		1000		1/1	/ /	/		PECIFY)							
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			(TYPE OR PRIN	T) Gre	gory R. Ka	uffm	an, M.D.	ADDRESS_	1	11 Per	n St.		W.			
	DAY OF A	23a.Bl	JRIAL, CREMATI	ON, REMOVAL 23	b. DATE	23c N	AME OF CEMETER	Y OR CREMATO	ORY	23d LOCA	TION					
07/84	BP		Burial		9/29/86	F	Baltimore	4		CITY OR T	own Ltimor	2	COUNT		yla	nd
25M			INERAL DIRECT		71-7100	-	Jam O IIIIO I C		25g. DATE F		GISTRAR 2		AR'S SI		Jaca	-1100
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					STATE OF MAKILAND		
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		_				REG. NO.	
			CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
	oge 3		CHALLOT	TE D.	HITCHCOCK	9	16 86 830 PM
,	00 p	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	E E	3. JE	\sim \sim 1	1 / 1	MONTH DAY YEAR	W. AGE (INTERNSTRATIONAL)	MONTHS DAYS HOURS MIN.
	s or		remale	White	11 17 14	7/ YRS.	
-	Thou	7a. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNTY	OFDEATH
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	1 / N = (K /		irginia	USA	WIDOWED DIVORCED	Baltimore Count	y MD.
1	18/11	TO. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
-67/	8 20 00	D	1-11-+	,		(TYPE OF WORK FOR MOST OF WORKING LIF	
7 3	5 03 3		andallstown	BALTIMORE COUNTY	General Hospital	Retired - Nurse	Private Duty
7	P 9 77	13a.	STATE 136. COUN	VTY 13c. CITY OR TOW		13e STREET ADDRESS / ZIP CODE	
2	S E	M	aryland Balti			3502 Jean Driv	
5			ATHER'S NAME	more procudate	15. MOTHER'S MAIDEN NA		21207
OZ.	3 de / 12/	1)	FIRST	MIDDLE LAST	FIRST	WIDDIE	LAST
\$	dwo 1	1	Frederick	<u>W. Claybr</u>	ook Helen	Smith	
E.	ico les		WAS DECEASED EVER IN U.S. AR		RITY NO. 17. INFORMANT Balt	imore ADDRESS M	D 21207
§ ¥	Pages Pages		O	VE WAR OR DATES)	117A Mr. Lloyd E.		Jean Dr.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	n signe Then p to bui	Z	EMPHY	12MA			E T I T I T I T I T I T I T I T I T I T
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AL.	on of the	E				YES NO X YE	S NO
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Z	Te len de	ō	(IF EITHER NOTIFY MEDICAL EXAMINER		19		
0	d b b d	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
<u> </u>	offer started	1	AT WORK NOT WHILE AT WORK				
0	mo of the		22a L certify that (I) (this haspi	ital) attended the deceased from_	10	10 9/16	19 h, that (I) (we) lost
	THE SE				and that in (my) (pur) apinion	death accurred on the date and hou	
	m 2 m	1	obove, (I) (we) (did) (did no	wiew the body ofter death.		and the dole on the	
8	DIRECTOR PORTS		226 SIGNATURE	7 (1	DEGREE		22c. DAJE SIGNED
	J = J = 0 T /		607	- 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/16/18
-	VERA VERA VERA VERA VERA VERA VERA VERA	1	22d PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e. ADDRESS		1.77.0
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	= = = , =		BURIAL, CREMATION, REMOVAL	236. DATE 23c. N	IAME OF CEMETERY OR CREMATORY	23d LOCATION	10
	BP		Cremation	9-17-86 Wes	tview Crematory		altimore MD
		24. FI			irectors, Inc 250. DAT		
D	HMH - 16 60M 7/84			. WORK 13			
	(VRA 15, 4)	87	28 Liberty Rd.	Randallstown, M	D 21133	SEP 1 9 1986	dandon



(VRA 15, 4)



STATE OF MARYLAND

should be deta

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

Cremation

24 FUNERAL DIRECTOR

John E. Adams, M.D.

23b. DATE

9-12-86

DHMH - 16 60M 7/B4 (VRA 15, 4)

Mitchell-Wiedefeld Home 6500 York Road 21212

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

Greenmount

6701 N. Charles St.

Baltimore City 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d LOCATION

Balto

na durdon- ganderal

COUNTY

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MD

22c. DATE SIGNED

9/10/86

21204

7h HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

Maryland

Industrial

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81,	- STATE REGISTRAF	2		ME	DICAL	EXAMINE	R'S C	ERTIFIC	CATEO	F DEA	TH	REG.	NO.			
	TYPE OR PRINT)	AME FI	RST		MIDDLE		L	AST		7	OF DATE	KNOWN ESTI-	MONTH	DAY	YEAR	2b. HOUR
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1 160		ASED EVER IN U.	5. ARMED F	ORCES?		CIAL SECURITY	NO.	17. INFORA		29 R	owe D	r ADDRE	Sèn Bu	rnie	e.Md.	
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	18 CAUS	E OF DEATH (En	ter only one	couse per Jin	offer for to), ond (e).)	0	01	2/	0	7			T A	PPROXIMATE	INTERVAL
	PARI	I DEATH WAS C	AUSED BY:		0/16	1 1	-1	KA	207	15				107	9-14-1	0
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		(o) stoting the scouse lost.	inder-		R AS A CO	NSEQUENCE O	F									
١,		ER SIGNIFICANT COND	ITIONS CONTRI	(c) BUTING TO DEATH	BUT NOT REL	ATEO TO THE TERMIN	IAL DISEASE	OR (ONDITIO	N GIVEN IN PAR	RT 1 (a).					-	
5	19a. DATE	OF OPERATION	1	19b. COND	ITION FOR	WHICH OPERA	TION WA	AS PERFOR	MED?					70 A	AUTOPSY')
7 3	2														YES 🗍	NO 🗆
7		RNAL CAUSE WI		21b. TIME O HOUR A.A	F INJURY M. MONTH	DAY YEAR	21c. HO	W INJURY	OCCURRE	D (ENTER N	ATURE OF IN	JURY IN ITEM	18 PART 1 OR P			
1 3		UTING CAUS	E OF DEATH	P.A		19	21f. LOC	ATION								U U
	WHILE AT WORK	NOT WHIL	E 🗆		CTORY, FARM, I			REET			CITY OR TO	WN	CC	YIMUC		STATE
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00-1773660	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 2 REGISTRAR CERTIFICATE OF DEATH REG. NO	4653
טירוייט		DAY YEAR 2b HOUR
i in	ANNE HOLLEY 9-8-86	9:00 PM
ge 4 moy ector, post 7 irg	TOWN	IF UNDER 1 YEAR IF UNDER 24 HRS
0 10 50	70 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED COUNTY WIDOWED DIVORCED COUNTY	OF DEATH MD.
S S S S S S S S S S S S S S S S S S S	10 CITY OR TOWN OF DEATH U.S.A. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RIVERVIEW NURSING CENTRE 120 USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE TETTED	12b. KIND OF BUSINESS OR INDUSTRY homemaker
22 NO 21	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 3801 E. Prati	t St. 21224
()	Wm. Scott Smith IS MOTHER'S MAIDEN NAME FIRST Barbara Talley	LAST
ре ст. Ноп	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 212 (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 227-28-6246 Mrs. Salvino, 3801 E. P.	ratt St.
DS, 201 W. PRESTON ST., BA quires that the death certificant signed by the attending physic han please tember corbot play, or other traumotic event, if ddys Funeral	Canditians, if any, which gave rise to immediate cause last. Due TO, OR AS A CONSEQUENCE OF Conditions at a minimal disease or conditions of the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 4/2 0
ALRECOR the law re- the law re- the permit	YES NO YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
SCIAN.	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PARTIES OF INJURY IN ITEM 18, PARTIES OF INJURY IN ITEM 18, PARTIES OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PARTIES OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PARTIES OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PARTIES OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PARTIES OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PARTIES OF INJURY INJ	ART 1 OR PART 2)
DIVISION THE PART OF THE PART	THE NOTIFICACION CONTROL CANDINGS 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN STREET CITY OR TOWN	COUNTY STATE
OR ATTEND OR ATTEND In hospital or DRECTOR. I MINE J I is in Them 21 is in An S E	220 I certify that (1) (this haspital) attended the deceased from 19 10 and that in (my) (aur) apinian death accurred an the date and hour above, (1) (we) (did) (did not) view the body after death. 12b. SIGNATURE CONTROL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI	192, that (I) (we) last r and from the causes stated 22c. DATE SIGNED 9-9-86
O HOSPITAL Interied by A TO FUNERAL Hould be der The Macola the State MACORINIC	MORRIS XAINESS, MD. 1205 OLD EASTERN AVE. 15	Patt , 21221
BP	236. BURIAL, CREMATION, REMOVAL 9/11/86 236. NAME OF CEMETERY OR CREMATORY CITYOR TOWN Gordonsville	
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FUNERAL DIRECTOR ADDRESS	RAR'S SIGNATURE

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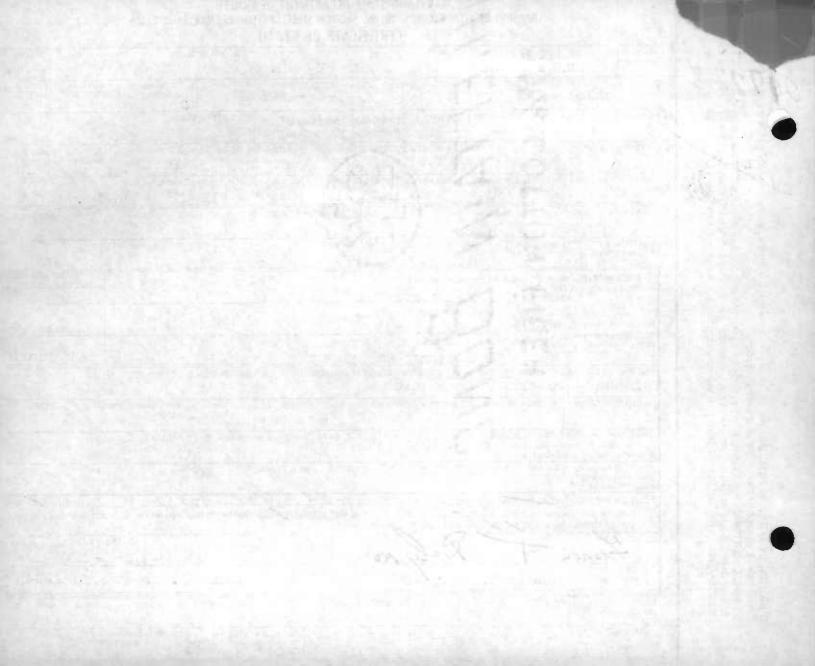
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incorned J. Rock, Irc. 5705 Burloud Bond

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month HORSEY Richard McSherry JR. 4 RACE 3 SEX S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years male 6-24-1906 lost birthdoy) DAYS HOURS Caucasian YRS. To. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland WIDOWED | DIVORCED [USA Baltimore County TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) **INDUSTRY** Pikesville 711 Cliveden Rd. President-Richard M. Horsey Inc. 130-USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER idmission) STATE 136. COUNTY Baltimore YES 🗍 Pikesville. Cliveden Rd. requires that the death certificate be execut MD 21208 14. FATHER'S NAME First and in an Middle 15. MOTHER'S MAIDEN NAME First attending physician ond permit. Then please rem Middle Lost Richard M. Horsey Mary Sr. Heaver 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Pikesville Address MD 21208 Yes, no, or unknown)
Yes (If yes give wor or dates of service) signed by the attending physi buriol-tronsit permit. Then pl buriol, cremation, or removol, 213-10-7325A Mrs. Helen Horsey 711 Cliveden Rd. W. W. 2 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure month DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Corpulmonale l vear rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 10+ vears () Pulmonary emphysema PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) ulmonary tuberculosis, healed TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retoined by the hospital or ottendin 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this hospital) attended the deceased fram 11-19-19 75 to 9-3 1986 saw the deceased alive an 9-3-86 19, and that in (my) (our) apinian death accurred an the date and have and from the causes stated abave, (1) (wet (did) (did nat) view the body after death. 22b. SEGNALORS 22c. DATE SIGNED ATTENDING STAFF PHYS. CY AD DEGREE 9-5-86 PHYS. DIRECTOR 22e. ADDRESS 7401 22d. PHYSICIAN'S Francis T. Daly MD NAME (Type) Osler Dr. Towson, MD21204 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) 9-8-86 Druid Ridge Mausoleum Pikesville Baltimore 24. FUNERAL DIRECTOR Loring Byers Funera ADD Prectors Inc 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE? VR A15 (4) 45M · 1/69 DATESFP 8728 Liberty Rd. Randallstown, MD 21133

MARYLAND STATE DEPARTMENT OF HEALTH



00-	18617	FOR STATE REGIST	FRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	GIENE O O	2	40	3 0
	noy be page 3	1. DECEASED (TYPE OR PRINT)	NAME FIRST RAY		F .		ORTON	20 DATE OF DEATH	9	17 '86	2b. HOUR 3:00P
	ge 4 moy	3. SEX MALE		4. RACE		5. DATE O	F BIRTH '4/21 YEAR	6. AGE (IN YEARS LAST B	YRS.	IF UNDER I YEAR	F UNDER 24 HRS HOURS MIN.
	40 10 K	70. BIRTHPLAC	CE (STATE OR FOREIGN		WHAT COUNT	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY BALT TMORE	OR COUNT		MD
34	137	TOWS		GEMC -	6701 N.	RSING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Const. T	OF WORKING L	FE) INDUSTRY	of Business OR h.Steel
AND 21	Tilled in	Md.		e or other institution DUNTY Balto.	131. CITY OR T	OWN !	13d. INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS 13519 Fo	/ ZIP COD	E	ldwin, Md
MARYLAND	The state of the s		Horton	MIDDLE	LAST		Genevieva	Bartol		LA	21013
BALTIMORE,	be execu	NO NO OF	CEASED EVER IN U.S.	ARMED FORCES?		ECURITY NO.	Carol Hor	ton, wife			
201 W. PRESTON ST.,	quires that the death certificate signed by the attending physic hen please remove carbon pape to buriol, cremation, ar remaval, nivry, or other traumatic event, the	Condi gove couse underl	tions, if ony, which rise to immediate (a), stating the lying cause lost.	JSED BY: INATE CAUSE (0) DUE TO, Q (b) DUE TO, O (c)	DISSEMI DISSEMI	NATED A	DENO CA OF UN			2 3	YYS •
DIVISION OF VITAL RECORDS.	ion. the law reconstruction. thos been if permit. I iene prior	Sale VOI	E OF OPERATION	19b. COND	ITION FOR WH	ICH OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSE ES	INGS USED S OF DEATH?
Z OF VII	ding physicio is certificate I burial-transit Mental Hygie	OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF HER, NOTIFY MEDICAL EXAM	DEATH HOUR A.	.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)	
DIVISIO	G PH orth	AT WORK		(AT HOME ST	OF INJURY REET, FACTORY, OFF		21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	TEN Ortol Or US	ob	ertify that (1) (this have the deceased alive ove, (1) (we) (did) (did			9/0 986 , an	d that in (my) (aur) apinion	death occurred on the	date and ha		
	ITAL OR AT by the hosp iRAL DIREC detached f state Dept.		SNATURE CONTROL OF THE STATE OF	Hai	am	С	ATTENDING PHYSICIAN	MEDICAL STA	AFF X	9/17	SIGNED 7/86
	TO HOSPITAL C refoined by the TO FUNERAL D should be deten with the State D IMPORTANT: If	s	vsician's name (tvi ue ikai, n	n.d.			GBMC-6701 N		ST.		
	BP	Buri		9/20	/86	Garden	METERY OR CREMATORY S of Faith	23d. LOCATION CITY OF TOWN Balto	. , Mc	COUNTY	STATE
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STATE OF MARYLAND 00-18148 - STATE REGISTRAR REG. NO I. DECEASED NAME KNOWN 20. DATE (TYPE OR PRINT) ESTI-S. NECESSARY, PLEASE FUNERAL DIRECTOR. E. 5-FOR YOUR FILES. VITHIN 72 HOURS DEATH MATED DENISE HOUGH 19 86 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 2:05 28 1961 BLACK 10 24 DEAD EEMALE 1986 O BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY WIDOWED | DIVORCED MARYLAND Baltimore County 120 USUAL OCCUPATION (TDATARK O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION RALTIMORE MACHINE OPERATOR MALCO barking lot-9800 Reisterstown Rd 130 STREET ADDRESS BALTIMORE, MD. 21201 3a. STATE 113b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 725 GEORGE STREET APT. 2K MARYLAND BALTIMORE M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST COTTRELL HOUGH **EDNA** WILLIAM 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. MIRPRM WIT MRS. 7290 GEORGE STREET APT. YES, NO, OR UNKNOWN) 213-82-8831 WILLIAM H. HOUGH 2K BALTIMORE. MD. 21201 BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, DI VATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of chest (unspecified weapon) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL -HEALTH AND MEI AL, CREMATION, C lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION USED AS / 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF H BACTIMORE, MARYLAND, 21201 PRIOR, TO BURIAL, YES SZ NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR AND MONTH DAY YEAR UNDERLYING OR 11:34m. 9-8-CONTRIBUTING CAUSE OF DEATH 19 86 Subject shot. 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK CITY OR TOWN STATE parking lot 9800 Reisterstown Rd. Baltimore MD Autapsy X 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian Hamicide X Undetermined manner death resulted frame Natural causes TITLE (SPECIEY) ACTUAL M.D. Assistant MEDICAL EXAMINER 9-9-86 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 9/13/1986 ARBUTUS MEMORIAL PARK BURIAL BALTIMORE. 07/84 25M 24 NUTTER & SONS FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE. **DHMH - 17** 2501 GWYNNS FALLS PKWY. BALTIMORE. MD. 21216 - a we Incopy - Winger SEP 1 6 1986 (VR A15 ME (5))

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21	1.	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	0.		
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR	
		Charle	es O.	HL	JBBERT	September	12, 1986	7:05 A	
	3. SE		4. RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR			
1		Male	White	Apr	11 10, 1906	80	YRS.		
33		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT (COUNTRY? 8 MARRII	ED NEVER MARRIED DIVORCED	Baltimore city o	e County	MD.	
3		TY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME COLUMN GIVE STREET ADDRESS)	or other institution pital Center	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Agent		OF BUSINESS OR	
36	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RES	IDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 226 N. Som	ZIP CODE	/ 21817	
K	LAN FA	THER'S NAME	set CI	risfield	YES NO I		ersec ave.	/ 21017	
90	1	Joseph	MIDDLE Hubb	pert	Virtie	WIDDLE	33.		
±/)		VAS DECEASED EVER IN U.S. AR	COSTA D DATECL	OCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS12 Marylan	nd Ave.	
and a		No -	215	5-01-4611	C. Brooks Hu	bbert -	Towson, M		
Œ		18 CAUSE OF DEATH (Enter on	ly one cause per line far	(a), (b), and (c)			APPR BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH	
event,		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiopulmonary Arrest							
ofic		DUE TO, OR AS A CONSEQUENCE OF							
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onwo		Canditians, if any, which		CONSEQUENCE OF	nothorax		12/4/14		
her froumotic		gove rise to immediate cause (a), stating the	(b) Ten	sion Pneum			12/4/3		
or other troumo		gove rise to immediate cause (a), stating the underlying cause lost.	(b) Ten	sion Pneum consequence of onic Obstr	ructive Lung D		9		
other	Z	gove rise to immediate cause (a), stating the	(b) Ten	sion Pneum consequence of onic Obstr	ructive Lung D		9	11a	
injury, or other	ATION	gove rise to immediate cause IoI, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT ((b) Ten DUE TO, OR AS A (c) Chr CONDITIONS CONTRIB	sion Pneum CONSEQUENCE OF CONIC OBSTR UTING TO DEATH BU	ructive Lung D	NINAL DISEASE OR CON	DITION GIVEN IN PART		
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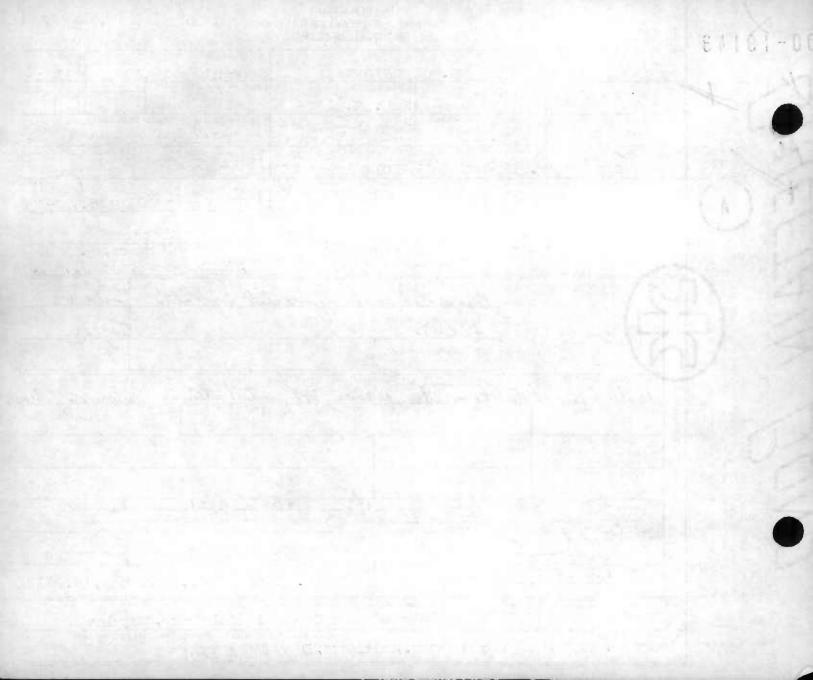
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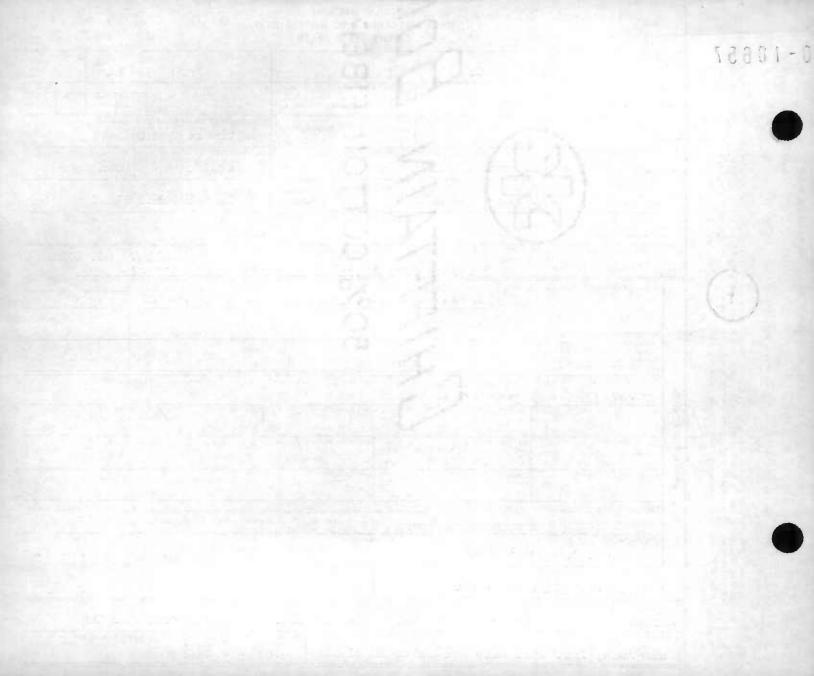
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tySiCIAN: ding physics is certifica burial-tro Mental Hy or Item 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
PHY trending r this the bund w	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE FARM, ETC.) 211 LOC.	ATION	CITY OR TOWN	COUNTY	STATE
Or offer the e os the one morked		AT WORK			66		67	
		220.1 certify that (!) (this haspit saw the deceased alive an	/3 3		my) (our) opinion don't	to 9-31	nd have and from the co	at (1) (we) last
1 2 0 0 0		above, (I) (we) (did) (did not 22b SIGNATURE	view the bady after death	DEGREE	my (our opinion dear	n accorred an the date of		
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Of of Shape A	23a	SURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF CEMETERY O	OR CREMATORY	23d, LOCATION	THERENCE 110	2////
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STATE OF MARYLAND



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00	100				IRST	MIDDLE		LAST	20. DATE OF DEATH		Y YEAR 2	b. HOURQ
	noy be	0	(TYPE	OR PRINT)	JAMES	E.	IRWIN		Septembe	r 23	1986	2%
	you god	5	3 SE		4 RACE		5. DATE (6 AGE (IN YEARS LAST BIR	THDAY)		F UNDER 24 HRS
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STO	1 1	1		Conditions, if any, w		O, OR AS ACON	SEQUENCES	· · · · Ac	Said		10+	40
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	D 0 4	9 6		22a. certify that (I) (thi	s hospital ottende	d the deceased	from 7 62	1945 19 it	7 10 23 50	Render	86	et (I) (weblast
-	五百 五百	1 2		saw the deceased a	live on 24 J	une		d that in (my) (our) opinion	death occurred on the	ate and hour	and from the cou	uses stated
-	A CONTRACTOR	1 1		abave, (I) (we) (did)	(did noth view the b	edy after death.		DEGREE		ne and naor e		
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	A Y A	5 5 5	-	allas	les + C	1 Bon	nelle	PHYSICIAN X	DIRECTOR PHYSIC	IAN	3/23	/00
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	etoined TO FUN	with the Stot		CHARLES F	· O'DON	NELL, M	.D.	7501 York	Rosd Tows	on, Mi	d. 212	04
	7 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	3 3 7	23a. 8	SURIAL, CREMATION, REA	AOVAL 236. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
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D	HMH - 16 60M	7/73	_	JNERAL DIRECTOR	13 20		1050 3		REC'D. BY REGISTRAR			
	(VR A 15 (4)		D1.	NAME		ADDR	E33	OHIL THE				Apples
			nu	ck Towson Fu	neral Ho	me, inc.	. Towson,	Ma. 21204 OL1	20 1000			

Marshall W. Jones, Jr. FH 4101 Edmondson Ave.

(VRA 15, 4)

STATE OF MARYLAND

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FOR

STATE OF MARYLAND

DEPAR

TA	CERTIFICATE OF DEATH		REG. NO.					
_	LAST		MONTH	DAY	YEAR	2b		
	JACOBS, SR.	SEPTEMBER	26,	1986		7		
_	C D L TE OF DIDTIL	A ACE INIVERDEDATE	DIMPANI	IE LINID	ED I VE AD	15.4		

- STATE REGISTRAR xc 13000267 1. DECEASED NAME HOUR (TYPE OR PRINT) **JAMES** HERBERT 3. SEX 4 RACE MONTH DAY JULY 21, 1915 MALE WHITE O BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED COUNTRY OHIO U.S.A. BALTIMORE COUNTY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Business FORT HOWARD VA MEDICAL CENTER Supplies SHIPPING CLERK SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

13a. STATE 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE DUNDALK 8251 BULLNECK ROAD 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FRANK **JACOBS** GRACE VOGT 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

WORLD WAR CLINICAL RECORDS, VAMC, FORT HOWARD, MD 297 05 9274 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY TERMINAL METASTATIC LARGE CELL LYMPHOMA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.)

220 1 certify that 🏿 (this hospital) attended the deceased from SEPTEMBER 5 19...86 to SEPTEMBER 26 saw the deceased alive on SEPTEMBER 26 19 86 and that in (our) opinion death occurred on the date and hour and from the causes stated obove, K (we) (did) (KKHt) view the body ofter death

22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL 09/26/86 PHYSICIAN DIRECTOR PHYSICIANX 22d. PHYSICIAN'S NAM 22e ADDRESS

BALA S. DUGGIRALA, M.D.

VA MEDICAL CENTER, FORT HOWARD MD

230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY Cremation Baltimore 9/29/1986 Green Mount Crematory Maryland 24 FUNERAL DIRECTOR

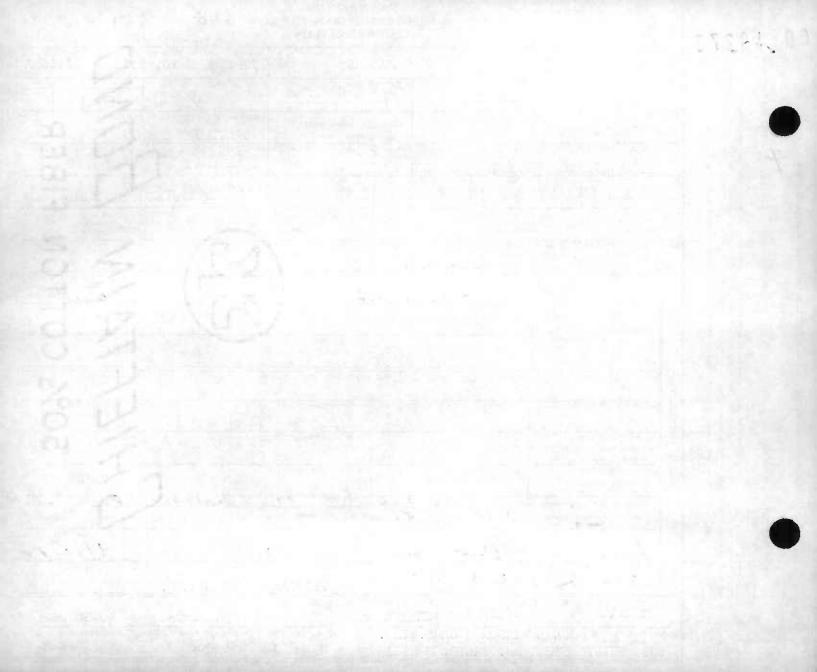
Walter Brooks Bradley Inc., Dundalk, Md. 21222

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)



	١,	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE 8 6 2	4045
-19786		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
nay be poge 3		CEASED NAME FIRST OR PRINTIPO BERT	MIDDLE	TACORS	20. DATE OF DEATH MONTH D	1986 12 30
moy pog	3. SE		I. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4 urs of		Male	White	May, 26, 1926	60 YRS	ONTHS DAYS HOURS MIN.
merol d		RTHPLACE (STATE OR FOREIGN)	L. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	OUNTY MD
Soft with the so	10 C	DWSON	1. NAME OF HOSPITAL, NURSIN	ADDRESS HOS PITAL	120 USUAL OCCUPATION ATYPE OF WORK FOR MOST OF WORKING LIFE SUPERVISOR,	126 KIND OF BUSINESS OR INDUSTRY Gen. Motors
one e executed within 24 hours when and completely filled in by one Poges it and 2 should be fill to medical exchange most be in	130. 5	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE IT 134. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	21093
within within fetely f		ATHER'S NAME	HIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	Timonium, Md
col ex Col	160 \	Floyd -	Jacob MED FORCES? [166 SOCIAL SECU	200000	ADDRESS	Wayson
Poges			WAR OR DATES) 1 1 2 1 4 - 2 0 - F			s above
2 4 4 4 4 4		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), an		chealia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Zhr
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quirel the signed to hen plea to bursal, ijury, or o	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART Ha
NG PHYSICIAN. The law requirement that the confliction has been vigil or the buildful and permit. Then the and Mental Hygiene prior to be arked on from 18 shows any injury	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED 'ING CAUSES OF DEATH? NO
CIAN: T a physic anthony musi thou battooni		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
otherdin other than to and Me hed or it	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	21f. LOCATION	CITY OR FOWN	COUNTY STATE
TTENDIN phal or TOR: At tar ote o of Mealth 21 is ma			ol) attended the deceased fram	, 19, and that in (my) (aur) apinian	, ta I death occurred an the date and haur	9, that (I1 (we) last and from the causes stated
AL OR A the floor AL DIREC the Dispt.	3	22b. SIGNATURE	2 Retro 14	DEGREE ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN	9/27/86
D HOSPITAL forced by 11 O FLINERAL ith the State APORTANT.		224 PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS		
0 € 2 € 7 8 —————————————————————————————————	23a. E	BURIAL, CREMATION, REMOVAL BURIAL	1 - 1 . 1	NAME OF CEMETERY OR CREMATORY reland Mem. Park	23d LOCATION CITY OF TOWN Parkville, B	STATE STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)			1to.Md.21230s	25e DA	TE REC'D. BY REGISTRAR 256. REGISTE	AR'S SIGNATURE



(VRA 15, 4)

STATE OF MARYLAND

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	1 8 S S S E			Virgin	nia	E.		Jewe	r		DEATH MATE	Selst	Trebush !	1906 0
	ラビニウサ	3 SE	(RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS				c. DATE	MONTH	DAY YE	AR 2d HOU
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₹,	S 1,	17	Paul		W. MIDDLE		Marsh	13. 140	Kathe		V. MIDDLE		Waesch	0
BALTIMORE,	AFTER DEATH IVE PAGES 1, H FORM PAND AGES AND SION OF VITA	160		EVER IN U.S. AI			IAL SECURITY	10. 17. INF	ORMANT	LALIC		RESS	21206	0
NE.	EPRNO 1	100	ES, NO. OR UNKNOW	VN) (IF YES, GIV	E WAR OR DATES)		-32-822			Town	er Sr. 3			
× ×	SOF							no	Der t	. Jewe	er or.	100 Day		
T.	MAT W.	1	PART I DE	DEATH (Enter o	nly one couse per line	for (9), (b)), and (c).)	0.	1.	0	1		TWEEN ON	ATE INTERVAL USET AND DEATH
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9	S A A	ON	13.00											
DIVISION OF VITAL RECORDS,	SHOULD BE EXECUTED WITHIN 24 HON ORD "PENDING" IN PENCIL IN ITEM 11 CHIEF MEDICAL EXAMINER ALONG E USED AS A BURIAL - TRANSIT PERMIT OF HALLTH AND MENTAL HYGIENE, URIAL, CREMATION, OR REMOVAL.	CERTIFICATION	190 DATE OF	OPERATION	196 CONDI	ION FOR	WHICH OPERAT	ION WAS PERI	FORMED?				20 AUTOP	SY?
¥	〇〇言の子	I E											YES [NO D
У	ATE S FE WO THE OF	景		L CAUSE WAS	21b. TIME OF			21c. HOW INJ	URY OCCURRI	ED LENTER N	ATURE OF INJURY IN IT	EM 18 PART I OR P		
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1	M EREZE	1	death resulte	d from Nati	ural causes	Accident	L. Suici	de 🔲 , Ho	omicide	Undete	rmined manner			
	EXAMI CERTIFICATION BE DIRECTOR WITH		ierosi d	Che	1 IA	1	Sa	2 111	E PECYY)	+			0/	1
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	NEW SITE T	1	EXAMINERS	acar.					/	/			S. Sent	9.10
	TO MEDICA EXECUTE TH PAGE 4 SH TO FUNER AFTER DEAT		TYPE OR PRIN	II)				ADDRES	55/					
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BATTIMORE, MARYLAND, 2	73a.6	URIAL CREMAT	ION_REMOVAL	JIh. DATE	73c. t	NAME OF CEME	TERY OR CREM	ATORY	334 100	ATION	COL	etr	STAPE
	BP		Bur	ial	Sep 30 19	86 W	oodlawn	Cemete	ry	B	altimore		Warylan	
	DHMH - 17	74. F	UNERAL DIRECT						750. DATE	REC'D. BY	REGISTRAR 256.	REGISTRAR'S	SIGNATURE	
	(VR A15 ME (5))		Leonar	d J. Ruc	ck, Inc.	Balti	more, M	arvland	SEF	291	086	Davidous	Hondall	•
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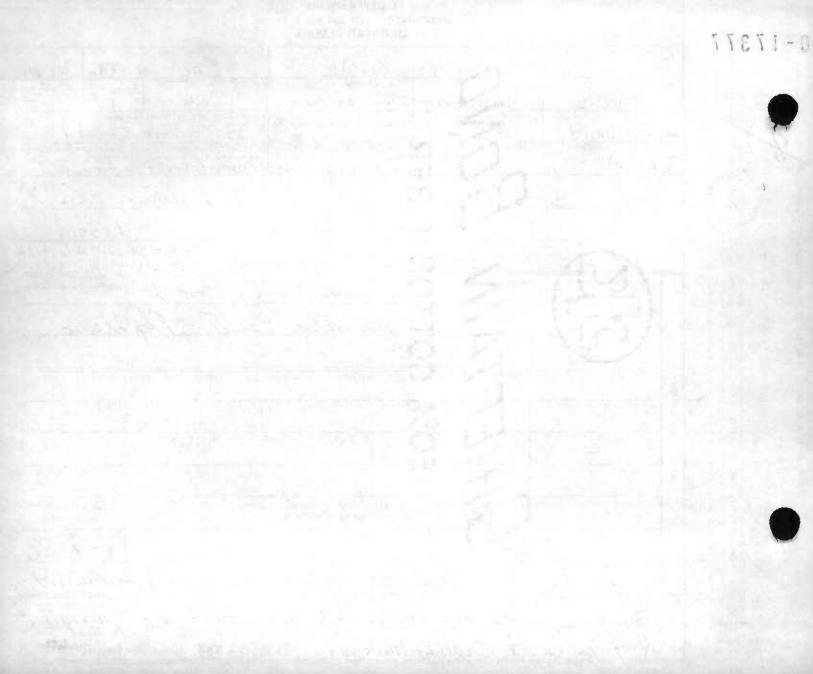
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M.E.S - Smelgrak

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8	y Ci	Tows	F DEATH	11. NAME OF HOSE (IF NOT IN SUCH FACE St. JOS	ITAL, NUR	SING HOME, O	R OTHER INSTITU			UPATION (TYPE	E OF WORK 12b. KIND	
2	13a ST		13b COUN	OR OTHER INSTITUTION, GIV TY	13c CITY (efore admission) OR TOWN timore	13d. INSIDE YES 🙀	CITY LIMITS?	13e STREET ADD	RESS Permo	sa Avenue	21214
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 20. DATE OF DEATH DAY 26 HOUR DECEASED NAME TYPE OR PRINTS Charles S. Keene 6 IF UNDER 24 HRS 4. RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SFX MONTH 2 Male White 26 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland Baltimore County DIVORCED [WIDOWED 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Lake Forrest Court TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 21236 Perry Hall Self-Employed Surveyor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Take Forrest Ct. 21236 Maryland Bal timore 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE FIRST Singewald Walter Keene Anna Eugene ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Josephine M. Keene 9 Lake Forrest Ct. 21236 WW 11 216-20-1667 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 26CDIDATABY Eniling 5

IMMEDIATE C	AUSE (a)	1000 111	LOKE	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	OF UNE	NOW T	RITHER
PART 2. OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE		
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY [AT HOME STREET, FACTORY OFFICE FARM ETC.]	211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
22a.1 certify that (1) (this haspital)	attended the deceased from	12/ 19 55	_, to9/	5 19 96, that (I) (we) lost

DEGREE

23¢ NAME OF CEMETERY OR CREMATORY

St. Jos. Ch. Cem.

ADDRAGO BELAIR PL

13 ALTO. MD 21236

22e. ADDRESS

PHYSICIAN

MEDICAL

Hopkins Hospital-OnocologyDept.

23d LOCATION

STAFF

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED

Baltimore, Maryrand

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

CERTIFICATION

MEDICAL

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death

9-9-86

224 PHYSICIAN'S NAME (TYPE OF PRINT)

Ruria

230 BURIAL CREMATION REMOVAL

(SPECIFY)

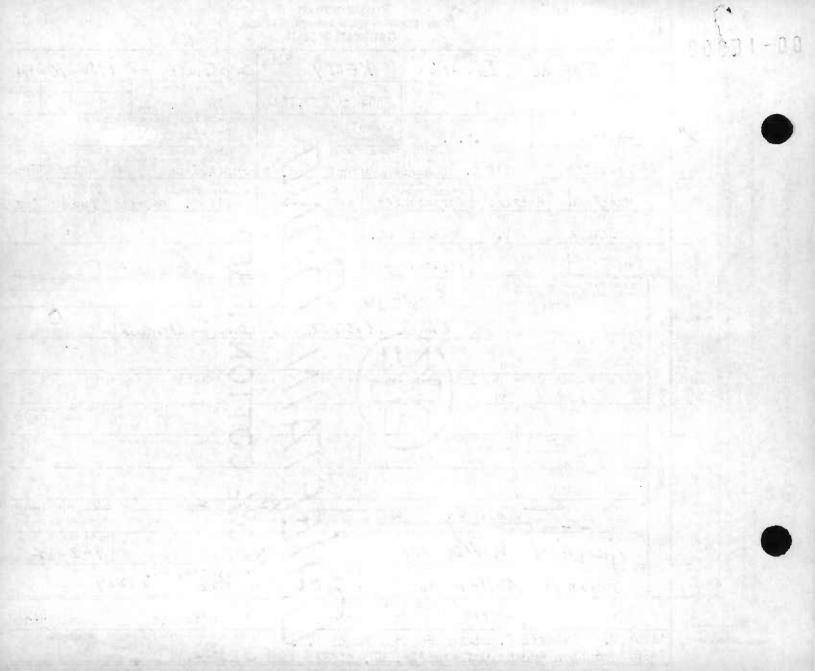
24 FUNERAL DIRECTOR

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	~ .	•		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH			26. HOUR D	
y be	dept				Gloria		A nn	K	eller	September	21, 19	86	6:15 M	
ě	0		3. SE)	(4. RACE	The lite	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BI	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS	
90 4	ector irs off		F	emale		White		7	30 38	48	YRS.		MIN.	
deoth. Po	neral dir	5		D. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland				MARRII WIDOW	D NEVER MARRIED	Daltimon	9. BALTIMORE CITY OR COUNTY O Baltimore Count 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Waitress		ty MD. 126. KIND OF BUSINESS OR	
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ed within	mpletely	examine		THER'S NAME		MIDDLE W.	Green		15. MOTHER'S MAIDEN Anna	MIDDLE		Brune		
ecut	nd co	5		AS DECEASED EV			166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDR	ESS			
9	Pog	medi	N	ES, NO OR UNKNOWN)	[IF YES, GIV	VE WAR OR DATES)	216-36	5-4867	Anna Green	same as	: 13e			
equires that the death o	n signed by the attinue. Then please remain court to burial, cremating on	injury, at other trauma	NOI	Canditions, if a gave rise to cause (a), sto underlying cor	immediate oting the use last.	(b)	Intr Plas Plas	ma Cell	inal Bleed Leukemia	C Shock/ Prob		N IN PART 1:0	a	
e low	s certificate has bee burial-transit permit. Mental Hygiene prior	30	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? YES □ NO 🛣	IN CERTIFY	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \to NO \to				
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dG PHYS	£ . m	rked or	MEDICAL	21d. INJURY OCC	WHILE WORK		OF INJURY REET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE	
TTENDIR	for use of Healt	21 is mo		22a. I certify that saw the dece abave, ** (we	(this haspi	stepded the	iber 21	86	nd that in (%) (aur) apir	o to Septem nian death occurred on the d	, 19	ond fram the	that X (we) lost causes stated	
A Wood	OR A DIREC Oched Dept.			226. SIGNATURE					DEGREE	o urbicii		22c DATE		
'AL o		=	-	XZ	ille	rlos	00	M	ATTENDIN PHYSICIAI	MEDICAL STA	CIAN	9/2	1/86	
	TO FUNERAL should be det with the State	MPORTANT			Villa	lobos M	D			nklin Square		3altimo	ore 2123	
F -	5 - 2 - 2 - 2		(URIAL, CREMATIO	N, REMOVAL				EMETERY OR CREMATO	CITY OR TOWN		COUNTY	STATE	
BP_		-	B	urial	28 4 11	9-25-	86	Lorra	ne Park	Baltimon		Maryl		
	- 16 60M RA 15, 4)			INERAL DIRECTOR		7922 Wi	se Ave	Balto M	ad 21222	SEP 25 1986	756. REGISTRA	AR'S SIGNAT	URE	



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# 1		CEASED NAME OR PRINT)	ARDEL		Mary		ast ENE R	2a. DATE OF DEATH	монтн 09	04 '86	2b. HOUR 12:13P
page 3	3. SE	X	TUCL	4. RACE	rary	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
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o de	1000	IRTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF	WHAT COUN	TRY? 8	10 1923	9. BALTIMORE CITY O	YRS.	Y OF DEATH	
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P /		ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NU	IRSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ION	12b. KIND O	MD. F BUSINESS OR
37 20		TOWSON		GREATE	R BALTIM	ORE MEDIC	AL CENTER	Housewife		LIFE) INDUSTRY	
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S S S S S S S S S S S S S S S S S S S		ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	ı
	_	lliam			Mill		Ida			Pete	rs
p physicion and control propers. Pages emovol.	- (VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	-	SECURITY NO.	17 INFORMANT	ADDRE	SS		
rs. Pe	No				215-18	3-6300	Lawrence Kei	mer, Jr.	Sa	ame as 1	MATE INTERVAL
signed by the ottending Then pleose remove corb to buriol, cremotion, or r njury, or other traumotic	NO		nediate ng the last.	(b) DUE TO, OI	R AS A CONSI SEPSIS ONTRIBUTING	EQUENCE OF (PNEUMONI)	4) NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GI	IVEN IN PART 110	0,
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ie os the burial-tronsi olth and Mental Hyg morked ar Item 18 sh	MEDICAL CER	21a, ACCIDENT WAS UNE OR CONTRIBUTING CORE (IF EITHER, NOTIFY MEDIX 21d, INJURY OCCUR WHILE NOTIFY AT WORK AT WORK	CAUSE OF DEA	21b. TIME O HOUR A.I P.I 21e. PLACE O	FINJURY M. MONTH M.	DAY YEAR	216. HOW INJURY OCCUR 216 LOCATION STREET		RY IN ITEM 18		STATE
To rough at United 10 to the Should be detached for use on with the State Dept. of Health (MPORTANT: If Item 21 is mon		220.1 certify that (1) sow the decease abave, (1) (we) (c 22b. SIGNATURE	(this hospit	tal) attended the	deceased from	19, an	d that in (my) (aur) apinian				
uid be deto vid be deto vithe State [ORTANT: If		del	1				ATTENDING PHYSICIAN [MEDICAL STAF	IAN X	9/4	156
should be with the S		22d. PHYSICIAN'S NA ARTHU		MITH, M.D.			22e ADDRESS GBMC - 6701 N	. CHARLES STREE	ET 212	04	
5 3 ≥	23a. 8	URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Bu	rial UNERAL DIRECTOR D		9/8/19	986	Most Ho	ly Redeemer	Baltimore		COUNTY	ryland

o d	-	19
	DING PHYSICIAN. The low requires that the death certificate by executed within 24 hours and other figure 4 may be or offending physicion.	After this certificate has been signed by the ottending physician and computing fulled in the temperature, page 3 sees the burial-transit permit. Then places remove corban pagess. From Emid 2 that the temperature of the death

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2a. DATE OF DEATH MONTH YEAR ANNA KERSHAW 2b HOUR AKA: (TYPE OR PRINT) ershaw Thina # RACE 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH MONTH YEAR EMALE White 81 XX BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BUTIMORE Martland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Towson Bookkeeper CARE Backett Co. 100USUN USUAL RESIDENCE (IF NURSING) ME CHETHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland DALTIMORE YES NO T 1700 meridene Dr. 4 FATHER'S NAME John 15. MOTHER'S MAIDEN NAME MIDDLE Keyser XXXXXX Turner Annie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 213-63-244A Doris Beyer, 1403 Lockner Rd. 21239 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) A CONSPOLENCE OF Conditions, if ony, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [Mentol Hygiei 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 E OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an SEPTEMBOR 299 above, (1) (we) (did) (did not) view the body after death. and that in (my) (aur) apinion death occurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 221 DATE SIGNED MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ld be deta the State 22d PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

ROBERT COR ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md.

I (ANGCO

Sept.29,1986 Dulaney Valley

23c. NAME OF CEMETERY OR CREMATORY

SENGIO

23a. BURIAL, CREMATION, REMOVAL

Burial

Timonium, 250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNAL

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0 4	3. SE	X	4. RACE	5. DATE C			AGE (IN YEARS LAST BIRT	HDAY) IF UND	DER I YEAR IF UNDER 24 HRS		
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o other o	100	ndallstown	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Baltimore	RSING HOME C	OR OTHER INSTITUT	ION 1	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF DOMEST	ON 121 WORKING LIFE) IN	b. KIND OF BUSINESS OR DUSTRY		
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d with	1) FA	ATHER'S NAME FIRST Unkn	MIDDLE LAST		15. MOTHER'S MA FIRST	IDEN NAMI	E MIDDLE Unknow		LAST		
10 10 10 10		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT		ADDRE				
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ATTENDITION OUTSIDE ALL OF Health	4	saw the deceased alive an abave, (I) (we (did)) did no	ital) attended the deceased from 2 % 19	9 <u>86</u> ar	nd that in (my) (our)	opinian de	oth accurred an the da				
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ВР	24 5:	Burial UNERAL DIRECTOR	10-3-86 Z	Arbutus	Memorial		Arbutus		Maryland		
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		FOR STATE					AND MENTAL H	_ 23 _ 0	2 4	0 0 -1
00 - 19396		REGISTRAR		WED	DICAL EXAMI	NER'S	ERTIFICATE C	FDEATH	REG. NO.	
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135000		RTHPLACE (STATE OR	7b. C1	TIZEN OF WH		8. MARR	ED NEVER MARR	ED T BALTIMO	ECITY OR COUN	TY OF DEATH
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AS NOT	HE CI	TY OR TOWN OF DEATH	11. N	AME OF HOSE	PITAL, NURSING HO	ME, OR OTH	ER INSTITUTION	128. USUAL OCCUPA	TION (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
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9 " N N N Z	14. F/	ATHER'S NAME					15. MOTHER'S MAIDE			
# \$5 PARO		JOSES JOSES	MIDDL	DORFE	LER		FIRST ALA	BINA MI	TTENW	4LD.
N STORY		VAS DECEASED EVER IN	U.S. ARMED FO	ORCES?	166. SOCIAL SECUI		17 NFORMANT		ADDRESS	212311
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STATE OF MARYLAND

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0-1963	1 -	FOR STATE REGISTRAR		DEPARTN	ENT OF HEALTH AND MENTAL I	HYGIENE REG. NO	
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filled in 24 hours	13e. 3 Ma.	ryland Ba	ome or other institution COUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW! TOWSON	YES NO R	533 Hami	zip code pton Lane 21204
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be executed on ond come 's. Poges 1 on		VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (1F	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	214-22-4		ADDRE Knight - same	e as #13e
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ATTEN ospitol ECTOR: id for us it. of He m 21 is		22a. I certify that (1) (this saw the deceased of above, (1) (we) (did) (22b. SIGNATURE	0 0	19_	86, and that in (my) (our) opin	non death occurred on the do	ate and hour and from the couses stated
PITAL by the hyERAL DIRE		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	ipina	ATTENDIN	MEDICAL STAF	F 01-78-86
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DHMH - 16 60M 7/84 (VRA 15, 4)

> 9-30-86 Woodlawn Cem. 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204

23d. LOCATION
CITY OR TOWN
Woodlawn

Balto. STATE Md.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) elen 6. AGE (IN YEARS LAST BIRTHDAY) RACE UNDER I YEAR - 1898 BIRTHPLACE I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland Baltimore County WIDOWE DIVORCED TITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Towson Homemaker Own Home SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR 30 STATE 13K COUNTY 13d INSIDE CITY LIMITS? __ 13e.STREET ADDRESS / ZIP CODE NO X (R)2906 Fallston Rd. 21047 Md. . Harford Fallston FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Emma Henry Mver ADDRESS IAN WAS DECEASED EVER IN HIS ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT HE YES, GIVE WAR OR DATES! Fallston Md. No 213 74 3467 William W. Kourev 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO: OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE-TION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STREET STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE The I certify that II (this hospital) attended the deceased from and that in (my) four apinion death occurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING V MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should be with the 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Loudon Park 9-22-86 Burial Md.

Henry W. Jenkins & Sons Co., Balto., Md.

STATE OF MARYLAND

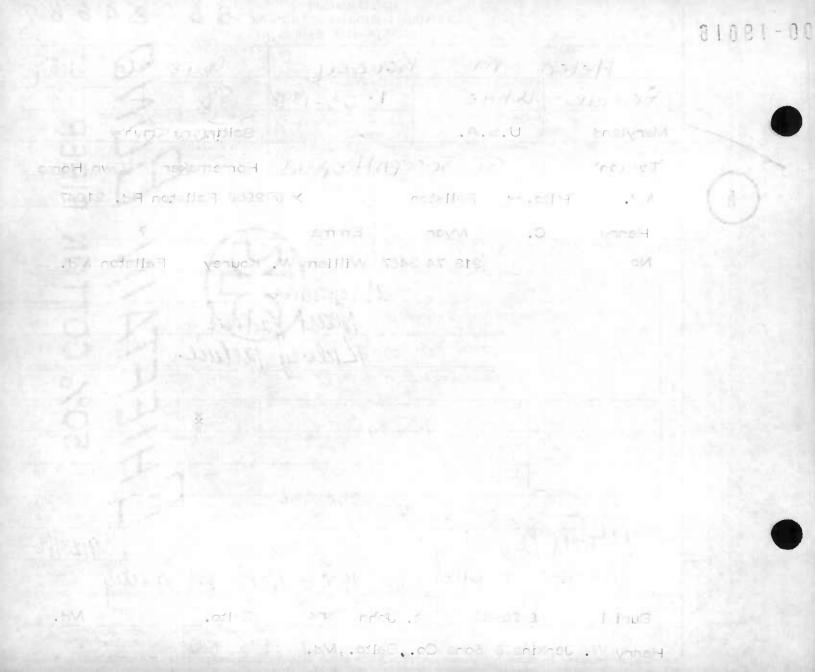
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR

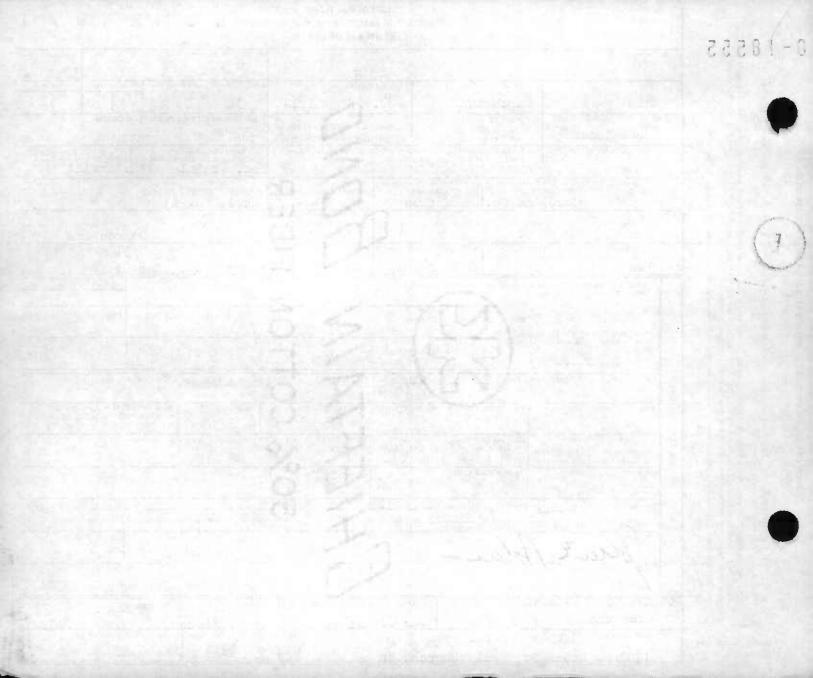


17915	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	rgiene 8	Ö REG. NO	2 4	0 0	8
m 5		CEASED NAME FIRST		WIDDLE	F.	IST //	20. DATE OF		AONIH DAY Y	EAR 26. HOUR	
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OR he he		22b. SIGNATURE	1 1.	Mos	/	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	1/	DATE SIGNED	,6
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₽₽ ₽₹\$ ₽	230	BURIAL, CREMATION, REMOVA SPECIFY) Cremation	9 10		adar H	emetery or crematory Hill Cremator	y Sui	TION PRIOWN tland	, Marylan	d	ATE
		UNERAL DIRECTOR Rich						-	Sh. REGISTRAR'S SI		

7	1					STAT	E OF MARYLAND			2°4 2	2 3
19598	1.	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HY ICATE OF DEATH	rgiene 5	REG. NO.	2 4 5	0 /
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ge 4 m	3. 36	Female	2	whit	40	MONTH 9		82		MONTHS DAYS	HOURS MIN.
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deoth. Pog		ryland		U.S.Z	Α.	WIDOWE	D DIVORCED	Bal	timore C	ounty	MD
# (#) #	1	WSON MY	TH		HOSPITAL, NUTHER	TREET ADDRESS)	or other institution	(TYPE OF WORK	CCUPATION FOR MOST OF WORKING Examine	G LIFE) INDUSTRY	BUSINESS OR
hours	USU	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSION	PITAL		•		7.3
24 h		ryland	136 COUN	timore	13c. CITY OR		13d. INSIDE CITY LIMITS?		Dul anev	Valley Rd	21 204
within X 2 sh	-	ATHER'S NAME					15 MOTHER'S MAIDEN N		Daraney	variey na	. 2120
P 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	Mi	chael		J.	Kuh]		Katheri	ne	MIDDLE	Rose	r
5 2		WAS DECEASED EVER		MED FORCES?		SECURITY NO.	17. INFORMANT		ADDRESS	1000	23.0
ond o Poges	No	YES, NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	215-10	-6997	Catherine E	ckman -1	113 Doro	hester Av	e. 212
ow requires that the death been signed by the attendimit. Then please remove comprior to burial, cremation, a ony injury, or other traumat	CERTIFICATION	Conditions, if ony, gave rise to imm couse (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAL	nediate g the last. NIFICANT C	DUE TO, OF	ONTRIBUTING	EQUENCE OF	NOT RELATED TO THE TER	RMINAL DISEASE	PSY? 20b IF	GIVEN IN PART 110 YES, WERE FINDING TTIFYING CAUSES O	S USED
he it be	E							YES 🗌	NOX	YES [NO 🗌
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R ATTENDIN hospital or i RECTOR: Aft red for use o rpt. of Health rem 21 is mor		saw the decease abave, (1) (we) (c	ed alive an	N /	Atter death	19, o	nd that in (my) (aur) opinio	in death occurred	on the date and	haur and from the co	uses stated
OR ber		22b. SIGNATURE	dels	Aller	Ones Geom.	1	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	22c. DATE SI	GNED
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○ p	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE		23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCA	FION	COUNTY	37475
BP	Bu	(SPECIFY) rial		9-27-	86	Holy F	Redeemer	Bal	50.	COUNIT	Md.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	31313			RESS 1050 Y				ISTRAR'S SIGNATUI	RE
(VRA 15, 4)	Ru	ck Towson	Funer	al Home	, Inc.	Towson	Md 21204 S	EP2919	86 Ashier	avidon-1874	Lette .

STATE OF MARYLAND

STATE OF MARYLAND



00-18709	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYL	MENTAL HYG		2	40	13
	1. DI	CEASED NAME FIRST		MIDDLE	LA	ST		20. DATE OF DEATH	NO. MONTH DA	AY YEAR	26 HOUR
2 04	(TYI	e or print) Mari	6	L.	Lan	gohr			9 18	8 86	8:38P M
AGE SEE	1,58		4. RACE		5. DATE O	-		6. AGE (IN YEARS LAST		F UNDER TYEAR	
4 egg 4 ers afficial		Female	W	hite	MONTH 4	27 ^{DAY}	14	72	YRS.	ONTHS DAYS	HOURS MIN.
10 10 20	7a. E	SIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER /	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
11/2		Maryland	U.S.		WIDOWE	DI DI	NORCED	Balt	imore C	ounty	MD.
13/	10. (ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	R OTHER INS	TITUTION	12a. USUAL OCCUP		12b. KIND C	OF BUSINESS OR
5 (18	1	Arbutus		Ruby Aveni				Teacher			nore Co.
10 2 53 4	USU 13n	JAL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE C	TITY I IAA IT CO	13e.STREET ADDRES	SS / 7IB CODE	111111	
里 片 强		Maryland Bal	timore	Arbutus		YES T	NO X	4701 Ruby	Avenue	2122	27
1 12 40	14. F	ATHER'S NAME				15. MOTHER	S MAIDEN NA				
av : 10 10		Charles	MIDDLE	Smith		Anna	FIRST a	WIDDLE		Fisc	ther
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OR ATTENDS a hospital or DIRECTOR a ched for user obet of Health Mem 21 is many the control of t		220.1 certify that (1) (this bos saw the deceased alive o obave, (1) (www) (did) (did 22b. SIGNATURE	in Xly	ST /8 10 8	'	EGREE		death accurred an the			
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HOSPI Direct by PORTA	-	Bradley Daug	harthy			1264	4 Franc	is Avenue			
5 5 5 4 1 3 4	23a.	BURIAL, CREMATION, REMOVA		230.1	NAME OF CE		CREMATORY	23d LOCATION			
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3/17	24 F	UNERAL DIRECTOR	11/4/		212		250. DAT	E REC'D. BY REGISTR	AR 25b. REGISTR.	AR'S SIGNAT	<u>Maryla</u> r
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME	Home T	ADDRESS			SF	P22 1086	marin	decon-N	me Brown and
(+10, 10, 7)		ubbard Funeral	Home, I	ac. 410/	wliker	is ave.	· UL	מניטו מים וי	0		

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DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO					

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1.3	SEX.		RACE	u •	5. DATE C	F BIRTH	1,897	6. AGE (IN YEARS LAST BI	RIHDAY	IF UNDER I YE		DER 24 HRS	
	Formale		Whit	0	MONTH	28	At you	88	150	MONTHS DA	NON	RS MIN.	
170	BIRTHPLACE (STATE O	R FOREIGN 71		WHAT COUNTRY	/? 8.			9 BALTIMORE CITY (OR COUNT	Y OF DEATH			
	COUNTRY)		1100		MARRIE	D NEVERA			7-1-1			MD.	
dia.	CITY OR TOWN OF DE	HOSPITAL, NURS	WIDOWE ING HOME C		VORCED	Baltimore County 12a USUAL OCCUPATION 12b KIND OF BUSINESS							
11	1	1		H FACILITY, GIVE STRE				TYPE OF WORK FOR MOST		LIFE) INDUST	RY		
	UAL RESIDENCE IN NU	10 1	reigh	GIVE RESIDENCE BEFO	00	Nursin	g Home	Deam str	res:	5-Rose	nblo	om	
	STATE Md.	13b COUNT		13c CITY OR TO	WN	13d. INSIDE C		13e.STREET ADDRESS 4210 Verm			2122		
24.	FATHER'S NAME		IDDLE	LAST			MAIDEN NAM				LAST		
Y	John	M	IDDEE	Gaither			FIRST	WIDDLE		LASI			
160	WAS DECEASED EVE			166 SOCIAL SEC	CURITY NO.	17. INFORMA	NT 4210	Vermont	₩eB	alto.,	Md.		
-	(YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES	218-18-2	2020		arah Ho			#21229			
F	THE CALLSE OF DEA	TM (Enter poly		line for (a) (b)	and in			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
1	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY.									BETWE	2 / mare -		
	IMMEDIATE CAUSE (a) Braft Carre										1 /	-0-	
NC	gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										Tro		
MEDICAL CERTIFICATION	19a DATE OF OPER	198 DATE OF OPERATION 198 CON			DITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	ES, WERE FIN	WERE FINDINGS USED NG CAUSES OF DEATH? NO			
	00.00.00.00.00.00	CAUSE OF DEATH		DF INJURY M. MONTH M.	DAY YEAR	21c. HOW IN	JURY OCCURRI	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)					
	21d. INJURY OCCU	RRED	21e. PLACE		E, FARM, E1C)	21f LOCATIO	И	CITY OR TO	NWC	COUNTY		STATE	
	220.1 certify that (1) (this hospital) attended the deceased from 7-30, 19 86, to 9-12, 19 86, that (1) (Ne) last saw the deceased alive an 19 86, and that in (my) (30) aprilian death accurred an the date and hour and from the causes stated above, (1) (Ne) (did) (did not) view the bady after death												
	DEGREE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 9-12-54										ED S		
	Dari	David R. Moseman, AD 5205 East Dr. Arbnta.											
230	BURIAL, CREMATION	, REMOVAL	23b DATE		NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY		STATE	
	Burial		9-15-8		oudon I	Park Ce	metery	Balto.	50.0	2001411		Md.	
24	FUNERAL DIRECTOR	Beetw		ADDRESS	- KEDE	-	250 DATE	REC'D. BY REGISTRAN	25b REGIS	TRAR'S SIGN	- HONG	والك	

DHMH - 16 60M 7/84 (VRA 15, 4)

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							STATI	E OF M	ARYLANI	D			41		- 3 a	
		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE								0-	40	4 0	1 3			
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									EG NO		2 (12)				
$\Pi \Pi - 1$	9423		CEASED NAME	FIRST							DATE KNOWN MONTH DAY YEAR 26 HOUR					
• • •	0120		E OR PRINT									OF EST	1.			
	ET, SES.				NCY				EE			DEATH MATE	ED THE 9	27 1984		
	골드를 호롱 	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY			IF UNDER 2		DATE	MOIN	VIH BAY	TEAR 2d. HOUR	
	NS LEE	100	F	W	11/16/29		57 YRS	MONTH	IS DAYS	HOURS	MIN. PR	DEAD	9	27 .8	1 1130	
	X-055	7- 01	RTHPLACE (STATE OR		76. CITIZEN OF WE		1110				9. BALTIMORE CITY			UNITY OF DEAT	TH COM	
-	対明発音器	FO	REIGN COUNTRY)		MARRIED NEVER MARRIED								_	Country (
	NECESSARY, PLEASE HINERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS REESTON STREET.	PA D CITY OR TOWN OF DEATH Balto. 21228			USA WIDOWED DIVORCED Baltimore 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS) 5801 Balto. National Pike Baltimore 120 USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING LIFE) Homemaker											
	A THE											N (TYPE OF WO	ORK 12b. KIND O	OR INDUSTRY		
12	ATT TO A				5801 Ba	al F	Pike Homemaker					Own	Home			
	WE WER			(IF IN NURSING HOME O	OR OTHER INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISSION				7	70 000			21152	
2120	AND	130. S		13h COUN	TY		OR TOWN		13d. INSIDE CITY		13e STREET	ADDRESS				
	A A B B B B B B B B B B B B B B B B B B		MD	Balt	.0.	parks	arks		YES NO 2 115 Quaker				Bottom Ra.			
W QW	DEATH. 1 GES 1, 2 M-RM 3 AND 2 OF VITAI	14. FA	THER'S NAME		MIDDLE LAST				15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST							
m,			Henry	N	1.	Gib		Jr.	Marion				Ho	olden		
ō	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	16a. V	VAS DECEASE	DEVER IN U.S. ARA	MED FORCES?		IAL SECURITY	NO.	17. INFORM			ADI	DRESS			
, L	E P S S S	1	es, no, or unkno No	WN) (IF YES, GIVE	WAR OR DATES)	210	30 648	1	W. I	ь ы	01-10-6	Gibbs		Balto.	110	
PRESTON ST., BALTIMORE, MD	24 HOURS A ITEM 18. GIV LONG WITH PERMIT. PA GIENE, DIVIS			1) ~	VV •	H. H	orger	Gibbs	٥, ٥		MATE INTERVAL	
1			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:												ONSET AND DEATH	
Z	A E E E E E E E E E E E E E E E E E E E		IMMEDIATE CAUSE (0) Can Churce of Left Broad													
OTS	A P P P P P P P P P P P P P P P P P P P		(DUE TO, OR AS A CONSEQUENCE OF													
, m	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AN INDIRECT IN THEM 18. GIVE PAGES 1, 2, AN INDIRECT IN THEM 18. GIVE PAGES 1, 2, AN INDIRECT EXAMINER ALONG WITH FORM-RM 3. REVISES AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOOF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL REVISION, OR REMOVAL.		Conditions, if ony, which													
>			gove rise to immediate (b)													
5			lying couse lost.													
, ,			((c)													
DIVISION OF VITAL RECORDS, 201 W.	E EXE DING DICA DICA BICA EMA	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6).													
E C	AS AS AS CREETING	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?										20. AUTO	DEV2		
7	SHOULD ORD "PEI CHIEF A E USED A T OF HEA	0	TAL DATE OF	OT ENATION	170. CONDI	1014101	WITHERT OF ERRA	11011 11	ASTERIORI	TED.				20. A010	- >	
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, o	ATE SHOUL E WORD "F THE CHIEF ILD BE USED MENT OF H TO BURIAL,	19	216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING OR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)													
Z	SHOOTS.	1	CONTRIBUTION	NG CAUSE OF E			19									
35	SH SH	MEDICAL	21d INJURY C	CCURRED	21e PLACE	OF INJURY	(AT HOME,		CATION	100						
2	SE S	X	WHILE	NOT WHILE C	STREET, FAC	TORY, FARM, E	TC.)	5	TREET		(ITY OR TOWN		COUNTY	STATE	
	THIS VAN		AT WORK	ATWORK												
	D'A NE		22a Certify that I took charge of the semains described above, held on Autopsy . Inspection , Inquiry , and in my opinion													
2	NO FILE		deoth results	ed from: Natur	ol causes X	Accident	, Suic	ide	, Homicio	de [],	Undetern	nined monner				
	REGENERAL SERVICES	116		0	1.				TITLE (SP						,	
	20030-X		ACTUAL	AD 9 76	Foland O				Diffe (SF	SV.				ATE 9/~	2/52	
	SEE SEE		SIGNATURE	Mader !	JEROZHU Y. J		1 2 2 2 2 2	M	.D.	19	MEDICA	AL EXAMINER	SI	IGNED	1106	
	SE 4 NOW	0-	EXAMINER'S NAME ON 1 TO THE TOTAL OF THE STATE OF THE STA											^ /		
	TO MEDICAL EXAMINER; THIS CERTIFICATE SHE WOR PAGE 4 SHOULD BE FORWARDED TO THE CYTO FUNEAR DISTRIBUTED BE SHOULD BE AFFER DEATH, WITH THE STATE DEPARTMENT OF BULLIMORE, MARYLAND, 21201 PRIOR TO BUILD BE AFFER DEATH, WITH THE STATE DEPARTMENT OF BULLIMORE, MARYLAND, 21201 PRIOR TO BUILD BE AFFER DEATH.		TYPE OR PRI		LY GOOR	1 Ser L	as 100		ADDRESS	ILE.	· The	polyo	NYS.	1		
	577778	23a.B	URIAL, CREMA	TION, REMOVAL	DATE.	23c.	VAME OF CEM		R CREMATO	RY	23d. LOCA	ATION		COUNTY	STATE	
	BP	1.	Burial 10/1/86 Friends Sparks,								MD					
		24. FI	UNERAL DIREC		W. Jen	kins			2:	50. DATE RE	EC'D. BY RE		REGISTRA	R'S SIGNATURE	THE RESERVE	
	DHMH - 17				NDOKE 33					SF	P29	1986	ville surest	RELIEF WAS A	-	
	(VR A15 ME (5))	49	905 Yo	rk Road	Balto,	, MC	21	212		7		1300		,,		

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	1.	FOR STATE		DEPARTMENT OF H	EALTH AND MENTAL	HYGIENE	0 0	de es	0 /	0
	1	REGISTRAR		CERTIF	CATE OF DEATH		REG. NO.			
		CEASED NAME FIRST	WIDDLE	U	121	20. DATE C	F DEATH MONTH	DAY YEAR	26. HOUR	_
	(TYPE	John J	oseph	Leech.	Ir.	Se	pt. 30.	1986	8:00t	M
	3. SEX		4 RACE	5. DATE O			YEARS LAST BIRTHDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS	S
S	-	Male	White	DON	2,22,19	22		MONTHS DAYS	HOURS MIN	
-	To BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	MARRIET	NEVER MARRIED		ORE CITY OR COL			
2	Ba	l'timore, Md.	U A	WIDOWE	D DIVORCED	Ba	ltimore	County) A	AD.
1		tonsville,Md		AL, NURSING HOME O Y, GIVE STREET ADDRESS DE NGLEST DE COME	Avenue	120 USUAL	OCCUPATION RYFORMOS OF WORKE	12b. KIND INDUSTRY	OF BUSINESS O	
d					Avenue		faces			• C D•
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4	14 FA	THER'S NAME	Assertion of the		15 MOTHER'S MAIDEN		<u> </u>	3 7 60 3 11 7	0.000	
0			oseph Le	ech.Sr.	Flore	nco	WIDDLE	Barron	AST	
1	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SC	CIAL SECURITY NO.		tonsvi	7 7 ADDRESS		228	
	Yes	YES, NO OR UNKNOWN) LIEYES GIV	TY WAR OR DATES) 212	-16-6141	Mrc Both	W2-1.00	Leeck-1			1210
		III. CAUSE OF DEATH Enter on		and the second second second second	1/3		neec V-1	J Ingl	ESTUEN	=
		PART L DEATH WAS CAUSE	D BY. TE CAUSE (a) De	neraliz	ed meta	static	-meser	nomar	torie	_
		Condition of 111	DUE TO, OR AS A	SISEOUTH CO	DO CON	in My	va. 01	ino		
		Conditions, if any, which gove rise to immediate	(b)	Mu Ce	repuise	Court	w ju	7		-
		couse (0), stating the underlying couse last.	DUE TO, OR AS A	CONSEQUENCE OF				4		
1		PART 2. OTHER SIGNIFICANT O	CONTRICTION SIGNATURE	LITING TO DEATH BUT	NOT DELATED TO THE	en. Chi piere	r decoration	GIVEN IN PART 1		=
F	NO	TART 2. OTTER SIGNIFICANT	Chron	c OBS	NU PLUSE	Lung	Desea		10.	
F)	AT	190 DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION	N WAS PERFORMED	70s AWT	OPSY? 20b.	IF YES, WERE FIND	INGS USED	_
X	IFIC					VESTO	NO FI	ERTIFYING CAUSE	S OF DEATH?	
-	CERTIFI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	RY .	21c HOW INJURY OC	- bad				_
7		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	ONTH DAY YEAR		· · · · · · · · · · · · · · · · · · ·	•	M ID PART (OR) ART E		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19	211 LOCATION	-				
	WE	WHILE NOT WHILE	LAT HOME STREET FACT		SHREET	/	CITY PETONEN	CONNEC	STATE	
	- 1		1 1 1	1	+744 6	55	Sohl	86	and the second	_
ы		22s I certify that (I) (this haspi saw the deceased alive on	MONE	29.86/	d that in (my) (out opin	nion death accurr	ed on the date and	hour and from th	, that (I) (lo	151
-31		27h SIGNATUS	the odylatter de	outly	DEGREE				E SIGNED	_
В		(A) Kasi	K How			G MEDICAL		9	130/8	6
1		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	8	22e ADDRESS	N DI DIRECTOR	PHYSICIAN [0.1		_
/		FRANK 1	KASII	K JR M	9005 th	HRFOR	W Rd	· ISALT	LO MAS	1234
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR CREMATO	DRY 23d. LOC	ATION			= '
	- {:	Burial	10/3/86		awn Cemet	CIT	odlawn-	Battimo	re, Md.	
	24. FU	JNERAL DIRECTOR Ster L					REGISTRAR 256. RE	GISTRAR'S SIGNA	JURE.	_
•	73	66 Edmondson	Aven. Cata	nsville.	Md. 21228	037 63	1500 · W	e have don't	S' man	

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumotic event, the medical

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	- 1	Film G619 item 23	C		STATE	OF MARYLAND		i	, , ,
00 .00		FOR 9/30/86 rja		DEPARTM	ENT OF H	EALTH AND MENTAL HYG	IENE O O	2 4	011
00-18966		REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	0	
		DECEASED NAME FIRST	MIDDLI		U	ST	20. DATE OF DEATH		26 HOUR
2 ° f	1	TYPE OR PRINT) Edith S	/lvia LEIT	CH			Contombou	20 7000	C 000
/os de	3.	SEX	4. RACE		5. DATE O	F BIRTH	September 6. AGÉ (IN YEARS LAST BIR	20, 1986 IF UNDER 1 YE.	6:20A M
5/ 4 25			771 11		MONTH	DAY YEAR		MONTHS DAY	YS HOURS MIN,
-	15	Female BIRTHPLACE (STATE OR FOREIGN	White	T. COLINITAVA	Feb	2 1927	59	YRS.	
4 /0 V	5	COUNTRY)	76. CITIZEN OF WHA	(I COUNTRY?	MARRIED	NEVER MARRIED		OR COUNTY OF DEATH	
THE REAL PROPERTY.)	Pa.	USA		WIDOWE		Baltimore		MD.
NEVER	7	CITY OR TOWN OF DEATH	LIE NOT IN SUCH FAC	BITY GIVE STREET A	DD96551	R OTHER INSTITUTION	12a. USUAL OCCUPATE		D OF BUSINESS OR
20		Rossville	Frankl	in Squ	lare	Hospital	Retired		
2 4 5 6	, U	BUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE I	CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	
2 2 1	2			ssex		YES NO *	954 North	hMarlynAve	e. 21221
F 25 F	14	FATHER'S NAME	5		7.1	15. MOTHER'S MAIDEN NA	AE		
AAR y la	(1)	Stanley	MIDDLE	ntz		Elizabeth	MIDDLE	unknov	Wn
corte	/ 16	a. WAS DECEASED EVER IN U.S. AI		SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRE		
MORE n ond c Poges	/		VE WAR OR DATES)	70-20-	102	Ernest Le	tah 954N	orthMarly	n A v 2 2 1
BALTIMO cote be ex ysicion on opers. Pog	/ =	no				LINESC DE	I CCII 954IN		
, BA		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	D BY:	iopulmo	10.	Amazat		BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
ST.			TE CAUSE (a) Care	Topu IIII	лагу	Arrest			
PRESTON ne death ce te attending emove corb mation, or r froumatic			DUE TO, OR AS						
deoth deoth ottend	1	Conditions, if any, which gove rise to immediate	((b) Seps	sis and	hypei	rnatremia			
. = ====		cause (a), stoting the	DUE TO, OR AS	A CONSEQUEN	NCE OF				
201 W ted by please urial, cr		underlying cause last.				static breast			
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	RIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART	1(a)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offerthis certificate has been sig os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or them 18 stows any injury	2	Pathologic fra	ctures- le	ft hip	and i	right humerus			
ECC ow		190 DATE OF OPERATION	196 CONDITION	FOR WHICH C	PERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
ALR he line hos t pee	\times						YES NO NO	YES 🗌	NO 🗌
ON OF VITA HYSICIAN: The ding physicis is certificate buriol-transif Mental Hygiis		210. ACCIDENT WAS UNDERLYING		JURY MONTH DA'	Y YEAR	21¢ HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART	2}
OF CLA CCIA CCIA CCIA CCIA CCIA CCIA CCIA	7 :	OR CONTRIBUTING CAUSE OF DE	AIR	MOITIN DA	19				
SION OF VI PHYSICIAN: ending phys this certifica te buriol-fron and Mental Hy d or Item 18	7	21d INJURY OCCURRED	21e PLACE OF IN	JURY	55.00	211 LOCATION	6.7v 00 70	OWN COUNTY	
DIVISION C profiled profiled and After this cere to she buried oith and Men morked or the	1	WHILE NOT WHILE AT WORK	(AT HOME STREET, F.	ACTORY, OFFICE, FA	RM ETC)	STREET	CITY OR TO	WN COUNTY	STATE
DIVI ATTENDING aspitol or oth CTOR: After d for use os th d for use os th a for use os th a for use os th			ital) attended the dec	ceased from S	enten	ber 5 19.86	to Sentemb	er 20 1986	, that W (we) last
TEN Into I OR OF USE		220.1 certify that () (this hasp saw the deceased alive or above, (t) (we) (did) (did)	September	20 1986	, an	d that in (n) (aur) apinion (leath occurred an the de	ate and have and from t	
		22b. SIGNATURE	t) view the body after	death.		DEGREE			AVE SIGNED
O e O o	-	MINIM	month of	0	- 50	ATTENDING	MEDICAL STAI	FF . / C//	170/91
	7	22d. PHYSICIAN'S NAME (TYPE	OP PRINT)			PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN X	0100
O HOS/ etained TO FUN should b		MYCO	1000	10					
TO HOSPITA retained by TO FUNERA should be de with the Stot	_	1/4501	UICHIJU	0		<u> 9000 Frankli</u>		rive, 21237	
	23	 BURIAL, CREMATION, REMOVAL (SPECIFY) 			.Hollv	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	9/23/8	6 Qa		wn Cemeter		Balto	. Md.
DHMH - 16 60M 7/84		FUNERAL DIRECTOR		ADDRESS		25a. DAT	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE
(VRA 15, 4)		ConnellyFune	calHome 3		Αυρ	21221	FP 0 7 1006	The Think	7 Marchalle
							- 30 1000		

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01 W. PRESTON ST., BALTIMORE, MARYLAND 21201
, BALTIMORE,
W. PRESTON ST.
RDS, 201
VISION OF VITAL RECORDS, 201
VISIO

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH I. DECEASED NAME MONTH 25 HOUR (TYPE OR PRINT) 86 enz Sr. de 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR White BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY I STATE OR FOREIGN MARRIED A NEVER MARRIED Baltimore County WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120. USUAL OCCUPATION

139PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ON STATE OF THE INDUSTRY OF OF THE INDUS Beth. Steel Ass. to Superin. of 130. STATE Md. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Bal timore 3-3760 APSECh Haven Blvd. 21218 IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LAST FIRST Helwig Agnes George Lenz ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN Mr. William A. Lenz Jr. 1806 Wentworth Rd. 213-07-8558 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c
PART I. DEATH WAS CAUSED BY: 10 705 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 198 DATE OF OPERATION 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOL the burial-transit pand Mental Hygie 21b. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY 20 CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 220 I certify that (I) (this hospital) arounded the deceased from and that in (my) (aur) apinion death accurred on the date and have and from the causes stated abave, (1) (we) (did did nat) wew the body after death MEDICAL ATTENDING STAFF ald be detail the State [PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Baltimore [SPEC Burial Oct. 3. 1986 Loudon Park COUNTY Md. STATE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Leonard J. Ruck Inc. Baltimore, Maryland (VRA 15, 4)

STATE OF MARYLAND

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Leonnes d. Back Inc. Baltimore, Maryloud

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			DEPARTN		EALTH AND A		GIENE Ö	REG. N	0	4	O	-	1
ı	1. DECEASED NAME	FIRST		MIDDLE	Į.	AST		20. DATE O	FDEATH	MONTH	DAY Y	EAR	26 HOUR	1
١	(TIPE OR PRINT)	Walter		Ells	LE	ONARD		Septe	mber	24,	1986		2:00) a,
1	3. SEX	4	RACE		S. DATE C			6 AGE (IN)	EARS LAST BIR	THDAY)	IF UNDER		IF UNDER 2	_
ł	Male	Act of	Whit	e	MONTH	11	YEAR O8	77		YRS		DAYS	HOURS	MIN.
-	70. BIRTHPLACE (STATE	OR FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8	NEVER N		9 BALTIMORE CITY OR COUNTY OF				TH		
Ġ	Maryland		USA		WIDOWE		ORCED	Baltimore County M						MD.
	ID CITY OR TOWN OF	DEATH 11		OSPITAL, NURSIN	G HOME C									
Λ	Rosedale			in Square								7 4	-	
4	USUAL RESIDENCE IN	IURSING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	ILai	-				5 13 FG 1	d Ba	alto	Lau
1	Maryland	Balti		13c. CITY OR TOWN		13d. INSIDE C		13e.STREET				•		
1	14. FATHER'S NAME	Darci	шоте	Dundark		YES 15. MOTHER'S	NO X		Beach	Dr.	2122	2		
)	FIRST		DDLE	LAST			FIRST	U11L	MIDDLE			LAST		
4	Edward	V	•	Leona		Bark			4000		Glos			
١	(YES, NO OR UNKNOWN)			166 SOCIAL SECU		17 INFORMA	NĪ		ADDRI	:22				
ı	No			216-01-2	982	Mildre	ed L. I	Leonard	1 9	same	as 13		ATE INTERV	
	gove rise to couse (a), ste	DOL TO, OK AS A CONSEQUENCE OF												
	PART 2 OTHER S	IGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	AINAL DISEAS	E OR CON	DITION	GIVEN IN PA	ART 110		
	190 DATE OF OPE	RATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTO	OPSY?	20b. IF Y	ES, WERE F	INDIN	GS USED	10
	TEK.		133.55					YES (X	NO		YES [MOSE2 C	NO	1?
1	00.000.000.000.000.00	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW IN	JURY OCCUR	RED (ENTER NA	ATURE OF INJU	RY IN ITEM 1	B. PART I OR PA	(RT 2)		
	AT WORK AT	WHILE WORK		EET, FACTORY, OFFICE, FA		211 LOCATIO STREET			CITY OR TO)WN	COUN	4TY	ST	ATE
	220.1 certify that sow the dece	this hospital	eptemb	e deceased from S er 24 19	86	ber 19	19 86 (our) opinion		D CEIIL ed on the d		4 ₁₉ 86 our and fro		ot 🎉 (w	
,	WE SIGNATURE	lerson	ma			F	TTENDING PHYSICIAN [MEDICAL DIRECTOR	STA		226.	9/2	19/86	2
	Dana Sai	nderson	MD		Mão.	9000		lin Squ	are [rive	Balt	imor	e 2:	1237

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR Duda Truck, Inc. 7922 Wise Ave Balto Md 21222 (VRA 15, 4)

23b. DATE

9-27-86

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Entombment

23d. LOCATION COUNTY m Baltimore City, Maryland
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE OakLawn Mausoleum

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Herbert. Arthur Leppert DATE OF BIRTH 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY HOURS White Nov. 24, 1900 Male 85 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CLIV OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Georgia U.S.A. WIDOWED X DIVORCED | Baltimore County ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) 4 Buckley Court 21204 Executive Towson Constuction USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Towson NO X 4 Buckley Court 21204 YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Joseph Leppert Clausine 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 159-01-1722 Mrs. Anna Louise Jones same as 13e No APPROXIMATE PUTERVAL 18 CAUSE OF DEATH (Enter only one cause per line ! All (b) and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO OR AN ACONSEQUENCE Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OW AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 TIE PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DESTITY, WITH THE ST
BALTIMORE, MARYLIND ST 220 I certify that I took charge of the remains described obove, held an Autopsy Inspection and in my opinion deoth resulted from Natural causes Hamicide Undetermined monner EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 23b. DATE 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY West Laurel Hill Cem. Cremation 09/16/1986 Philadelphia, Pennsylvania BP_ 24 FUNERAL DIRECTOR who Davidson Handale **DHMH - 17** (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, MD 20M 4/82

BROS., INC.

21215

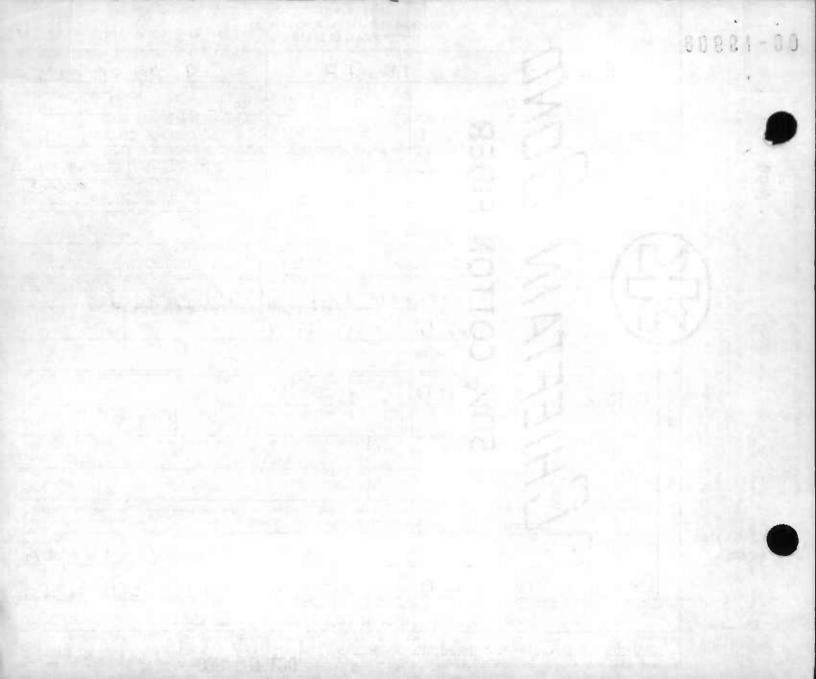
BALTO MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

LEVINSON

6010 REISTERSTOWN RD.

DHMH - 16 60M 7/84 (VRA 15, 4)



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STATE OF MARYLAND

STATE OF MARYLAND

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eoth. Page	4000	HPLACE (STATE OR FOREIGN OUNTRY) ARYLAND	7b. CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COUNTY BATTTMORE COINT	
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BALTIMORE, MARYLAND 2120 By Confidence of Marking St. hours Property and 2 should be the second of	13a. S Ma	AL RESIDENCE (IF NURSING HOME OF STATE TYLAND A. 1	NTY 13c CITY OR	rsvilleyes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		rive 21108
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TIMORE		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATEST	security No. 17. INFORMANMi 56 3991 Theresa	llersville Maryla M Lindung 307 (Chalet Drive
1		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS)	nly one couse per line for (o), (ED BY: RESP TE CAUSE (a)	b), and (c).) IRATORY FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., he death certif he attending pl emove carbon mation, or rem r troumatic eve		Canditions, if any, which	DUE TO, OR AS A CONS	GOMETASTASES & INI	FILTRATES	2YRS.
W tree cree		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	ASTATIC MALIGNANT	MELANOMA	10 YRS.
Se se se X	NO	PART 2 OTHER SIGNIFICANT	conditions <u>contributing</u>	G TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION GIV	/EN IN PART 1(a)
AI RECO	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	_ X_ IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\text{NO} \)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requirentending physician. Ifter this certificate has been signs the burial-transit permit. Then hand Mental Hygiene prior to be arked or them. 38 than any injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
DIVISION DING PHYS or attending After this c e as the bur olth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	PFICE, FARM ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN TTENDIN TOR: Afr for use a of Health		22a.l certify that (I) (this hasp saw the deceased alive at	0/17		86 to 9/17 apinian death accurred on the date and hav	19 86 , that (I) (we) last or and from the causes stated
TAI OR A y the hosing		778 SIGNATURE	ary view life body drier dealli.	DEGREE ATTENE PHYSIC	DING MEDICAL STAFF	22c. DATE SIGNED 9/17/86
TO HOSPITAL TO FUNERAL should be deter with the State		224 PHYSICIAN'S NAME (TYPE		22e ADDRESS GBMC - 6	701 N.CHARLES ST.	
PP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 9/20/86	23c. NAME OF CEMETERY OF CREMA Glen Haven Par	61211 00 70 1111	co'Aiv A Md
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director ymond C. Fin	nk Glen Burn		250. DATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

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DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

DECEASED NAME

9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS / ZIP CODE 801 Winters Lane Apt. Lopez 21229 Karl A. Litzau, Jr. 5311 Old Frederick Rd. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ... and that in (my) (aur) opinion death occurred an the date and hour and from the couses stated DIRECTOR PHYSICIAN 21228 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Elkridge 9/30/86 Howard Maryland Meadowridge Mem. Pk. Burial 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNARY 24. FUNERAL DIRECTOR 21229 ADDRESS Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

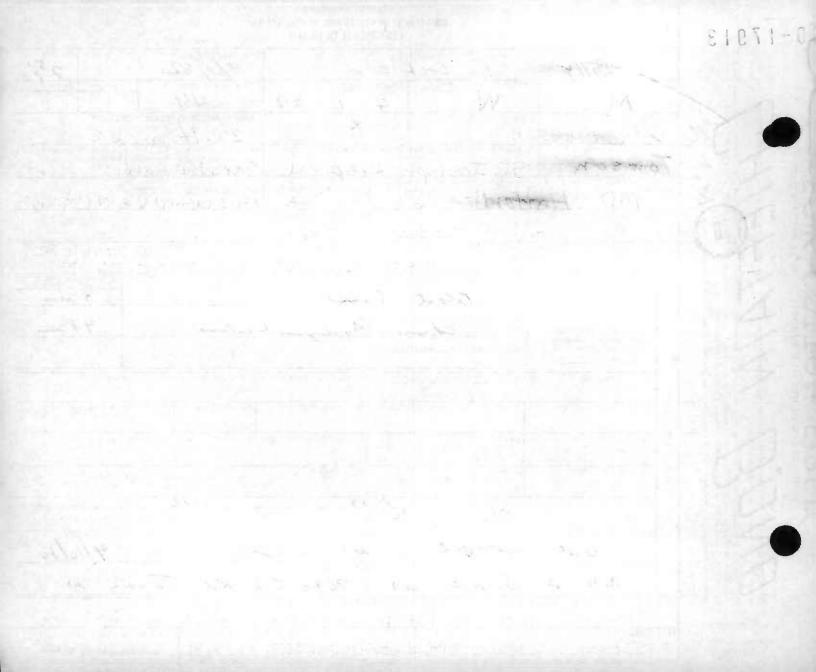
26 HOUR

11:30AM

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executed	16a \	VAS DECEASED EVER IN U.S		16h SOCIAL SECURITY NO			ssl308 Grandview	C+
Be exe		YES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	242-54-6811	Mrs. Vada Lo		lston, Md. 21047	7
physicio npopers movol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA		line for (o), (b), and (c),1	7		APPROXIMATE INTI-	
ng p bon		IMME	DIATE CAUSE (o)	mase (· · · · · · · · · · · · · · · · · · ·		U pare	
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G PHYS offending er this c s the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	2H LOCATION STREET	CITY OR TO	NN COUNTY	STATE
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TTEN Pproof for u of He		sow the deceased alive above, (I) (we) (did) (di	on 9/10	19 86	ond that in (my) (our) opinion	deoth occurred on the do	te and hour and from the causes s	
OR A DIREC oched Dept.		22b. SIGNATURE	1	4.	DEGREE		224 DATE SIGNED	P
Y the CAL Date Date Date Date Date Date Date Date		ant	de	gest		MEDICAL STAF	IAN - 9/10/8	F6
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of of sky M	23a. I	BURIAL, CREMATION, REMO	VAL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION		
BP		Burial	9-13-19	986 Belair	Memorial Gar	Bel Air		STATE
DHMH - 16 60M 7/84		JNERAL DIRECTOR			25a DA	TE REC'D. BY REGISTRAR	756. REGISTRAR'S SIGNATURE	
(VRA 15, 4)	E	.F.Lassahn F.	H.11750Be	elairRd Kings	ville,Md.21087	FP 1 5 1986	was day down fronds	100



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POSTS - Statement Statement (1997) property tech appoint out to Thei-10-Fig.

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			DECEASED NAME	FIRST		MIDDLE	• • • • • • • • • • • • • • • • • • • •	LAST	2a. DATE OF		DAY YEAR	R 26 HOL	JR
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RYL	2 sh	~ 1	FATHER'S NAME		MIDDLE	LAS	ī	15. MOTHER'S MAIDEN I	NAME	WIDDLE		LAST	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, NG PHYSICIAN: The low requires that the death certificate be execut	by the o		gove rise to in couse (a), stat underlying caus	ing the		R AS A CONS	SEQUENCE O					- 6	
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ATTEND	for for of H		sow the deceo	sed alive on	t) view the body	ofter death	19	nd that in (my) (aux) opinio	on deoth occurred	I an the dote and h	nour and from f	the couses sto	ated
OR A	E 0 0 0 0		22b. SIGNATURE	. /	/			DEGREE			22c. D/	ATE/SIGNED	
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	4	6	9	-

	REGISTRAR		4	. CALL OF PEATE	REG. NO	D.		
1 DE	CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
(11.7)	WALTER	LEE		MAN, JR.	SEPTEMBER :	-	86	3:35A _M
3. SE	X	4. RACE	5. DATE (OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIR	[HDAY]	IF UNDER I YEAR	IF UNDER 24 HRS
	MALE	WHITE	MAY	11, 1923 YEAR	63	YRS		
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	ARYLAND	U.S.	A. WIDOWI	DIVORCED	BALTIMOR		TY	MD
15	ORT HOWARD	(IF NOT IN SUCH FACIL	TAL, NURSING HOME (ITY, GIVE STREET ADDRESS) DICAL CENTE	or other institution	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF MAINTENANCE	F WORKING LIFE	12b. KIND O INDUSTRY HOSP	F BUSINESS OR
3a :	AL RESIDENCE (IF NURSING HOME OF STATE 138 COUL ARYLAND BALT	NTY 13c. C	sidence before admission) ITY OR TOWN UNDALK	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS 2914 CORN	ZIP CODE	ROAD/21	222
14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		IAS	T
	WALTER I	EE	LOWMAN , SF		ELIZABETH		CLAR	K
	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	ADDRE			
	YES W.		15 12 7004	CLINICAL RE	CORDS, VAMC	, FORT	HOWAR	D, MD.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	BETWEEN O	MATE INTERVAL ONSET AND DEATH					
13	IMMEDIA							
	Conditions, if any, which		AD AND ARRY	THMTAS				
	gove rise to immediate couse (a), stating the	25-1-						
	underlying couse last.							
	PART 2. OTHER SIGNIFICANT	EN IN PART 10	o					
O N	DIABETES AN	D GANGRENE	OF BOTH LE	GS				
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIC	20a AUTOPSY? YES NO[X]	IN CERTIF	, WERE FINDING CAUSES	NGS USED OF DEATH?	
E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU		21c. HOW INJURY OCCUR		RY IN ITEM 18 PA	ART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	ATT.	NONTH DAY YEAR					
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF IN.		21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK		O II D III I	D(DUD 10 00	C emales via	ED 216	96	V
	22a I certify that X (this hosp saw the deceased alive or	SEPTEMBER	26 19 86 , o	nd that in (nXX our) apinian	death accurred on the de	ER ZO	ond from the	that 🊹 (we) lost causes stated
	22b. SIGNATURE			DEGREE	al relation		22c. DATE	SIGNED
	X DXCO	-		ATTENDING PHYSICIAN [MEDICAL STAI ☐ DIRECTOR ☐ PHYSIC	IANK	9-2	6-86
1	22d PHYSICIAN CHAME ITHE	OR PRINTED		22e ADDRESS	The second			
	BALA DUGGIRA	LA, M.D.		VAMC, FORT H	IOWARD MD. 2	1052		
	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION		COLINITY	CYAIF
	BURIAL	9/29/198	6 PARKWOO	DD CEMETERY	BALTIMOF	Œ	MARY	LAND
	UNERAL DIRECTOR	DIEN TO	TO DESCRIPTION OF THE PARTY.	250 DAT	E REC'D. BY REGISTRAR	25b. REGISTE		
WA	LIER BROOKS BRA	ADLEY INC.,	DUNDALK, N	D. 21222	SEP 29 1986			

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	0	2	4	ò	9	2

1.	REGISTRAR	CERTIFICATE OF DEATH REG. NO.								
	CEASED NAME FIRST	WIDDLE		AST	1	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	NORMA	Н.	JRE Y			9-	15-86	11:56 PM		
) SE		RACE 5. DATE			- XEAR -	6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS DATS	IF UNDER 24 HRS	
,	FEMALE	WHITE JÄI		. 23,	1888	98	YRS			
	COUNTRY	76 CITIZEN OF WHAT COUNTRY?	D NEVER	MARRIED XX	9 BALTIMORE CITY OR COUNTY OF DEATH					
	MARYLAND	U.S.A.		IVORCED		LTIMORE COUNTY, MD.				
10 C		11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET PERRING PARKY			120 USUAL OCCUPATE HOMEMAL		FE) 126. KIND C INDUSTRY HOM	F BUSINESS OR		
	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)			1				
	ARYLAND 21	L218 BALTII	MORE	YES X	NO [13e STREET ADDRESS CHI	TON	ST. 2	21218	
A FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE										
CLARENCE		LOWREY		MARY		ANN		HOLIM	HOLMES	
	NAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) I IF YES, GIVE	MED FORCES? E WAR OR, DATES) 212-24-		DODO	THY M.	ENGLAR I		MORE	MD 21239	
	r	*		DORO	TILT M.	FIGHT :	DATIT		IMATE INTERVAL ONSET AND DEATH	
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED BY: (MAMEDIATE CAUSE (a) CAROXIC BRAIK SYNAROM E							BETWEEN	ONSET AND DEATH	
	IMMEDIATE CAUSE (a) CONTROLL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROLL CONTROL CON							1 7	3	
	Conditions, if ony, which	DUE TO, OR AL A CONSEOU	15 TO, OR A CONSEQUENCE OF L PRIERIOSCHIPOSIS -							
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF								
	underlying cause last.	1 SCVD						18	A	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
									LENE SE	
	198 DATE OF OPERATION 198 CONDITION FOR WHICH C		OPERATIO	OPERATION WAS PERFORMED		20a AUTOPSY?		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?		
	21 a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY			T21. 11014 B	LILINY OCCUPA	YES NO		ES 🗌	но 🗆	
	OR CONTRIBUTING CAUSE OF DEAT	LICHE AND MONTH ON VEAD								
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	211 LOCATI	ON				111	
	MILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)				CITY OR 1	OWN	COUNTY	COUNTY STATE	
	728 & sortifu that (1) (this bound	tall attended the deceased from.	3/	311	1079	9	115	1086	that (I) (we) last	
	saw the Orensed alive on.	9-13 195	7/2 , ar	nd that in (my	(our) apinian d	death accurred on the	date ond ha			
	27s Systy Cust	and ledity after death.		DEGREE	e III			22c. DATE	SIGNED	
	(Sou Many)	A aregin	M	H	ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN	9-1	6.86	

DHMH - 16 60M 7/84 (VRA 15, 4)

CREMATION

1A NORWOOD DR. GLEH ARM Mol 17, '86 GREEN MOUNT

CEMETERY BALTIMORE, MARYLAND

JOHNSON8521 LÖCH RAVEN BLVD.

SEPT.

250 DATE REC'D. BY REGISTR
SEP 1 6 1986

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6/16/36 Eclemons National (Eslb., ...

Honry W. Jenin & sons Do.

1865 York Road Balto., we was 1818